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A MONTHLY JOURNAL OF

Practical Medicine.

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(2½ grains.)

Thymol has been prescribed by numerous observers as a tænifuge; lately, Dr. Frederick P. Henry, in an article in the *Medical News*, of Philadelphia, described his experience with the drug. Following the suggestion of Martini, he prescribed thymol in a number of cases of intestinal diseases, catarrhs, acute and chronic, and typhoid fever, and he says: "The result has convinced me that it is a valuable adjuvant in our treatment of such affections." In ten cases of typhoid, all of which recovered, the course of the disease appeared to be most favorably modified by the drug. Dr. Henry always prescribes thymol in the pill form, giving two two and a half grain pills every six hours. This dose he has found sufficient, but much larger doses can be administered with perfect safety.

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(2½ and 5 grains.)

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☞ INDEX ON ADVERTISEMENT PAGE 29. ☜

SALOL.

A NEW REMEDY FOR RHEUMATISM AND RHEUMATIC AFFECTIONS, possessing all the advantages of Salicylic Acid and Salicylate of Soda, without causing any of their objectionable effects.

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I have subjected "Maltine" and all other leading "Extracts of Malt" to an exact quantitative comparison of their diastatic activity.

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ROBINSON'S LIME JUICE AND PEPSIN,
ROBINSON'S PHOSPHORIC ELIXIR,
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We have received from a number of Physicians gratifying reports as to the very satisfactory results obtained in the use of our preparations. Among them the following to which we respectfully ask attention.

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Gentlemen: It affords me pleasure to state that for some time past I have been prescribing the *Syrup of Hypophosphites* and *Wine of Coca* prepared by your firm, with uniformly good results. Both are elegant preparations. As a stimulant in cases of Exhaustion, from whatever cause arising, and as an antidote to the evil effects of Opium, your *Wine of Coca* has proven most serviceable. Your *Syrup* of the *Hypophosphites* presents a combination of constructive tonics and alteratives massed together in palatable form and in a beautiful solution, indicative of unsurpassed Pharmaceutical Art. I have used the latter in the debility of the old and the young; with nursing mothers and with those of strumous and tubercular tendencies with most gratifying effects. The well known reliability of your house is a sufficient guarantee of the purity of any compound upon which its label is found.
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Ext. Pilocarpus Fld., ½ min.
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Santonine, ½ gr.
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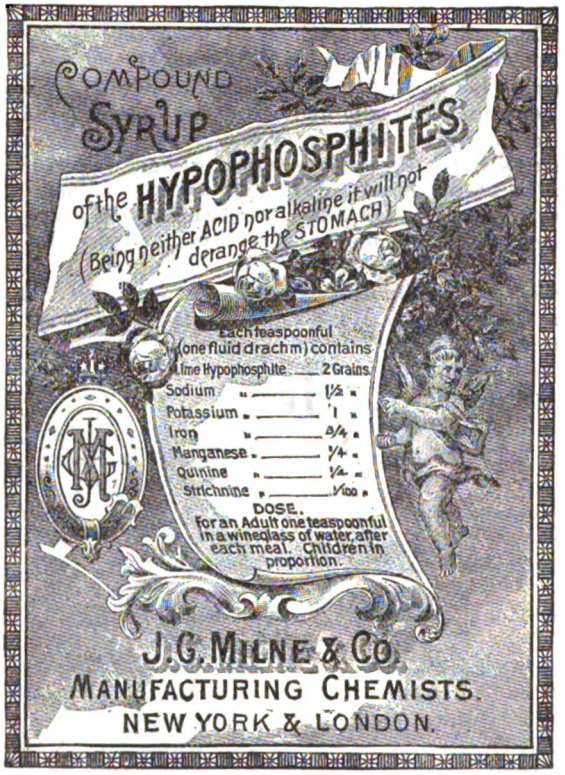
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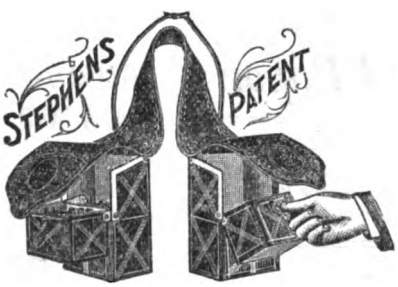

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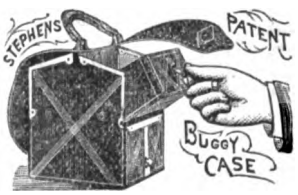

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" 3 "	12— 3-4 oz. Vials 24—1 1-4 " "	15.00	16.00
" 4 "	12— 3-4 oz. Vials 12—1 1-4 " " 6—2 1-2 " "	15.00	16.00

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VOL. XV. ST. LOUIS, MO., NOVEMBER, 1887. No. 11.

The Coccygeal Gland.

AN ANATOMICAL ESSAY, WITH REMARKS ON THE RATIONAL METHOD OF TEACHING AND LEARNING ANATOMY.

BY AUGUSTUS C. BERNAYS,

A. M.; M. D., Heidelberg; M. R. C. S., England; F. R. M. S., London; Member German Society Surgeons of Berlin; Prof. of Anatomy St. Louis College Physicians and Surgeons; Consulting Surgeon St. Louis City Hospital and Female Hospital.

Anatomy is the discipline which teaches the structure of living bodies. Human anatomy teaches the structure or construction of the human body, and is also called *anthropotomy* in contradistinction to *zootomy* which is the discipline of the structure of bodies of other animals.

The objects of anatomy are the formed parts or organs, which fill up the space occupied by the body. In order to discover the construction of the body anatomy makes use of dissection and derives its name from this circumstance. The Greek word *ανα-τεμνειν* means to cut to pieces or to dissect. The dissection, therefore, is only the means which is employed, and the results which are achieved by this means, namely the insight into the structure and its comprehension, are the real aim or purpose of scientific anatomy.

The above definitions are much at variance with the usually accepted ones of the current text-books. To *Prof. Carl Gegenbaur* of the University of Heidelberg, belongs the credit of first having clearly announced these principles. He has thereby vindicated for anatomy a place among the independent sciences and has destroyed the menial position which was formerly given to anatomy when it was regarded as a handmaid for practical surgery and medicine.

Although great strides have been made during the last four decades towards the establishment of medicine and surgery as sciences they do not yet deserve this dignified title, and our practice depends largely upon empiricism and ill-founded opinions of self-constituted authorities. Through the efforts of Gegenbaur, his colleagues and disciples, anatomy has been made a science and stands absolutely higher than

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those pseudo sciences, medicine and surgery, as whose maid the noble discipline was made to do service for centuries.

The coccygeal gland, its discovery and the investigations which have been made about it, will furnish an example of the different methods which may be employed to solve an anatomical problem, and I will use it to illustrate the points which are the subjects of my consideration given in the heading of this essay.

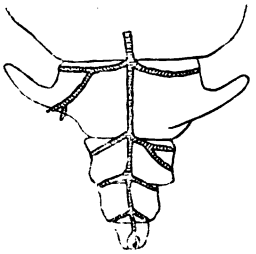

Fig. 1. Coccyx of a 15-year-old boy with middle sacral artery ending in coccygeal "gland."

Prof. Luschka of Tübingen, about the year 1856, discovered a little organ situated near the point of the coccygeal bone on its anterior surface, just in front of the body of the last rudimentary vertebra which makes up this bone. He made numerous dissections and found that the little organ was present in every cadaver. It is usually the size of a large grain of wheat, sometimes reaches the size of a pea. Its color is a pinkish gray, it is soft in texture, is movably attached by some loose connective tissue to the periosteum of the last coccygeal vertebra behind, and to the perirectal connective tissue in front. He found that it was supplied with blood from the middle sacral artery; he could not trace any nerves into the organ, and found no duct of any kind in connection with the problematic organ. Under these circumstances he called it the coccygeal *gland!* In some unaccountable way the learned professor saw some resemblance between this organ and the hypophysis cerebri and published a very lengthy and pompous monograph on these two glands (?) in 1860. The gland was soon dissected out by numerous anatomists, its existence corroborated, and it was called by the authors of numerous text-books "Luschka's Gland." Some placed it into the very paradoxical class of organs which figure in some text-books as blood-gland or glands of the vascular system, the spleen being considered the typical representative of this peculiar kind of ductless glands. I have never been able to exactly comprehend by what process of reasoning any intelligent person could arrive at the conclusion that the spleen was a gland. We know that epithelial cellular elements are the basis from which all glands must be developed, and in the absence of this tissue how some authors still continue to teach their students that the spleen is a gland greatly shakes my confidence in their reasoning powers.

These men have perhaps been dwarfed in their minds, because they were content to consider themselves mere servants who are tolerated only because they are necessary to their masters, the physicians and surgeons. These poor creatures who know their anatomy like parrots know their syllables or children their catechism, and who teach students anatomy by means of mnemonic rules, silly rhymes or senseless verses, are deserving of our pity, because they are devoid of the power which raises man above other animals, the power to think. The late Dr. Thomas Kennard used to say of a certain class of individuals that if an original thought were to strike one of them it would knock them down, and in some perhaps prove fatal.

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I think that there is little danger of a sudden and premature death among the majority of the professors and demonstrators of anatomy from this cause, judging by the methods they employ to learn and to teach their science, which can be made so ennobling and attractive as I will try to show by the example before us.

Luschka's gland after it had been discovered for several years, was examined by all known methods microscopically and makroscopically, but no theory or satisfactory explanation could be found for its existence.

The microscopists soon discovered that it consisted of connective tissue of the lymphatic variety in which was a network of blood-vessels, apparently small arterioles. About the year 1870, Prof. Julius Arnold made an investigation of the organ, and by injecting it with fine mass of colored gelatine found that its principal tissue was of the vascular variety and in fact that it was almost nothing but a convolution of the end branch of the sacralis media artery. which was surrounded by cellular tissue in which a net of narrow capillaries was distributed. The small arteries, branches of the sacralis media were peculiar in so far as they were not of even caliber, they varied much in size, sometimes even having sacculated diverticula of their coats.

This investigator clearly proved that the little organ was certainly not a gland, but he also failed to solve the problem as to its true inwardness, its origin.

The next investigator adopted the developmental method of research and established the fact that the gland grows larger in proportion as the body examined grows younger. He found that the organ has its greatest development during the last months of pregnancy, in the human fœtus of the seventh or eighth month. This observation seemed to warrant the conclusion that the organ was a rudiment of one formerly more developed in our ancestors.

Still another investigator adopted the comparative method. He examined the tails of various young animals. He found that similar small nodules were regularly present in mammals, attached to branches of the middle sacral artery (the tail artery, continuation of the aorta) at those portions where the vertebra of the tail are no longer perforated by the spinal marrow. This fact proves that the little organ, Luschka's gland, must be considered in connection with the gradual reduction of the tail, which follows the reduction of the caudal portion of the spinal marrow in the higher mammals. Gegenbaur from these investigations has concluded, and it is apparent to any one, that the "gland" is only a remnant of the caudal artery which in our ancestors supplied an important part of the body.

Some years ago I injected the middle sacral artery of a new born child with Hyrtl's mass, and finding the coccygeal gland well filled I placed it into corroding fluid. This was carefully watched and the fluid changed when necessary. After three weeks all the tissues had been eaten away from the red mass, leaving nothing but the conglomerated network representing the vessels which had been injected. I placed this globule into glycerine and examined it carefully with a magnifying power of 40 diameters on the stage of a dissecting microscope. The engraving below will give an exact picture of what I found. It seems to me, beyond the possibility of a doubt, that the four branches first given off from the main artery must be considered as homolagous to intercostal,

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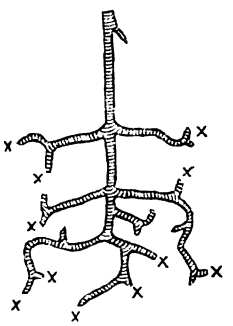

Fig. 2. Coccygeal gland vessels unravelled after injection and corrosion. Magnified 60 diameters. X signifies broken off ends.

lumbar or caudal arteries which are given off from the aorta at regular intervals each corresponding to a vertebra. In my attempts to unravel and follow out the branches of the conglomerated vessels, I could not distinctly follow any other symmetrical branches, but the two pairs are sufficient to establish the conclusion of Gegenbaur, so far as the human body is concerned. Thus we see that after the newly discovered organ was studied by rational methods of investigation its nature became clear to us, and it is no longer a gland of the vascular system.

The method of teaching anatomy which is *en vogue* in most of the colleges in this country, is merely the ordinary descriptive system which teaches the student a set of facts in an unconnected manner and he has merely his memory to depend on for remembering them. They are totally vanished and lost in a few months or years unless constant repetitions are kept up.

It is an undeniable fact that in order to understand thoroughly the structure of a building or of a machine it is necessary to see it in the process of being constructed. The same principle holds good of a living organism. Teaching is developing. The genetic method of teaching anatomical facts makes it possible to explain them and its application makes the process of teaching lucid and attractive. The genetic method exercises the powers of judgment, and facts arrived at by this means are not easily forgotten.
St. Louis.

Temporary Paralysis of the Bladder with Retention of Urine Following Protracted Labor, et Sequelæ.

BY W. B. KERN, M. D.

Mrs. A., aged eighteen, was delivered of her first child April 24th, attended by a midwife, vertex presentation, large child. Labor was long and hard, child not being delivered for twenty-four hours after rupture of the bag of waters. On the day following delivery I was called to see her and learned of the manner in which labor had been conducted and completed, and also that she had been unable to empty the bladder since birth of child. On examination I found that organ very much distended and tense over pubes. I relieved her by means of the catheter, and diagnosed temporary paralysis of neck of the bladder from contusion or long continued pressure of the child's head. I instructed the nurse in the use of the catheter, and had her relieve the patient two or three times per day, always using the proper antiseptic precautions. I advised hot fomentations over hypogastric region, and prescribed the usual remedies directed to stimulate the nervous supply to the bladder. Will say, however, I did not use galvanic current which is doubtless of much benefit in such cases. The case was rather protracted, lasting four weeks, at which time patient was able to pass the urine normally. On July 8th she came to my office complaining of dull, heavy dragging pains over and behind the pubes, almost constant and irresistible desire to urinate, the act of micturating itself being very painful,

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slight pains in the back on exertion. She also said she had had a slight dull pain over region of bladder ever since abandoning the use of the catheter, but never thought it necessary to mention the matter, thinking it would probably be relieved without treatment, but recently had grown much more severe. On examination I found the vagina and uterus normal, excepting a slight laceration of the cervix. I found the urine cloudy, containing some mucus and pus, and a few blood corpuscles, with a very slight trace of albumen. Patient's general health not very good, capricious appetite. I diagnosed chronic catarrhal cystitis, probably resulting from too frequent use of the catheter. I prescribed tonics, light but nutritious diet, and a wash of borax and carbolic acid, to be injected into the bladder through a catheter each morning, allowed to remain a short time, then to pass out by catheter or urethra after withdrawing the instrument. After few days only irrigated bladder every second or third day. Used hop poultices over hypogastrium occasionally and hot hip baths. Later prescribed infusion digitalis with acetate potass., advised rest in recumbent posture, each day a little exercise in open air. After three or four weeks instead of infusion digitalis and potass. acetate as a diuretic, gave infusion buchu leaves and at same time omitted the bladder irrigation, as the cystitis was decidedly improved. Under the treatment patient's general health became good, all the symptoms of the disease subsiding. Cairo, Neb.

Jaundice.

Will some of the many readers of the BRIEF give me their treatment for jaundice in an infant? Give treatment through BRIEF, or by letter.

JAS. A. TURNER, M. D.
Sedgewickville, Mo.

Swamp or Malarial Fever.

A few brief remarks drawn from practical observation upon the above disease may not be uninteresting to my brother physicians, and may superinduce a train of reflection which will serve to elucidate and utilize some of the principle pathological points, as well as to guide the practitioner in his treatment of what I consider one of the most formidable of all diseases. The terms "malarial or swamp fever," is to my mind indefinite and unsatisfactory, but may be the best to localize and designate it from other fevers. How ever this may be, I am prepared to regard this disease as somewhat analogous to, and but little short in point of fatality and general characteristics to that of yellow fever, and properly considered might be classed as cases of endemic or sporadic yellow fever. This disease in its most violent form often runs its course in from twenty-four to forty-eight hours, and when fatal, is sometimes attended with black or brown vomit in the last stage.

Preceded by a general feeling of malaise without any marked premonitory symptoms, the patient is suddenly seized with a violent chill attended with severe pains and aching in the limbs. Retching and vomiting soon becomes incessant with nothing thrown up but a thin watery or viscid mucus, sometimes tinged with blood, and this irritability of the stomach becomes a marked symptom which is very difficult to allay. The bowels are obstinately constipated and torpor of the liver or biliary duct is soon indicated by a yellow tinge of the eyes and skin which, as the disease progresses, assumes a deeper and more marked lemon color. After a few hours hæmaturia supervenes, the urine assuming either a semi-sanguineous or dark-coffee colored appear-

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ance with increased activity of the kidneys. Reaction is very slow and imperfect, the fever never reaching the maximum of ordinary intermittents, but appears to be smothered and suppressed. The temperature is but little above normal heat in the early stages, and the pulse small, labored and frequent, as if oppressed and struggling to throw off a burden.

Such is a very brief summary of symptoms; now let us pass to a brief schedule of treatment.

The physician should first consider that he is now about to measure swords with no contemptible foe; no petty sneaking intermittent, but a Goliath of strength, and happy will he be if he comes off a David from the trying conflict. "When Greek meets Greek then comes the tug of war," and now, my brother, you have no time to lose by palliatives or untried remedies; the chill has sounded the tocsin of war, and you have only to buckle on your armor of skill and prepare for a hard fought battle.

The first indication is to relieve the bowels and system as speedily as you can by free purgation, and for this purpose I prefer calomel from its alterative and relaxing effect, and give it in five grain doses combined with chlor. potass. and repeat every four hours, but as to size of dose, the practitioner should be governed by his knowledge or conjecture of the susceptibility of his patient and the obstinate constipation he has to combat. In addition to medicines per orem, we have a valuable adjunct in enemas, often repeated, and which should never be omitted. This done, let ice be procured as soon as possible and have it pounded up fine and put in a plate near the patient to be eaten freely. This will allay the persistent irritability of the stomach and break up any incipient congestion. While the ice is being prepared, have a blister—ung. canthar.—placed over the stomach and be sure that it draws well. Let hot—not warm—foot baths be used often, as they will act as powerful revulsives and tend to equalize the circulation. Give in solution every four hours the acetate or salycilate of soda, as this will regulate the liver and neutralize the bile. As soon as the bowels are well evacuated and the irritability of the stomach is allayed, give quinine freely and systematically.

Such is a general outline of treatment, but of course the intelligent physician will be governed by his diagnosis and regulate his treatment *pro re nata*.

I would, however, in conclusion, respectfully say to the members of our profession, to beware of any hesitation or timidity in the treatment of this disease and to let the young lady of refinement be subject to the same prompt attention that would be applied to the rough field laborer. A young lady whose sister I was attending, once said to me, "Doctor, treat my sister just as you would a negro patient."

A sad death has just occurred in my neighborhood from swamp fever, but was not my patient. The victim was a young married lady with several young children and belonged to one of our most respectable families.

ADDERTON MADDOX, M. D.
Near Rodney, Miss.

For the Removal of Superfluous Hairs.

In answer to W. E. Fariss, M. D., I will say that X. Bazin's dipilatory powder, though a patent medicine and I do not like to encourage them, will remove superfluous hairs in a very satisfactory manner. Make a paste with water and apply thick over the hairs for five or eight minutes and scrape off with back of knife and dress with oil. If not all removed repeat the process.

Trabue, Fla. M. T. DAVIS, M. D.

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Summer Complaint.

BY C. T. BROWN, M. D.

On page 487, Nov. (1886) BRIEF, we, under the head of *Cholera Infantum*, stated that "Teething" had nothing whatever to do with the ailment under discussion, and that *caloric* was the primary and direct cause of producing it.

There is a principle in nature that heat expands and cold contracts, which if applied to case under consideration would demonstrate *a priori*, how the sluice ways are thrown open and all the fluids of the little body carried off through the bowels, leaving it shriveled and shrunken—presenting the appearance of an old person. Prof. N. S. Davis of Chicago, in his Clinical Lectures of 1873, was the first (that we had seen) medical writer or teacher of any note that taught the "heat theory," exclusive of all others, and his logic is so plain and his language so concise that no one can read it and not be convinced. The real cause of summer complaint and diarrheas of summer is not "*Teething*," from the following facts:

The growth of the teeth is a physiological process, and are growing at all times of the year, in January as well as July; and of course if the teething produced disease it would be as liable to occur at one season as another. Then teething being a physiological process, it would be difficult to imagine how a disease could be produced by such a natural growth. The mucous membrane of the alimentary canal the first three years of life is delicate and not completely developed; both the epithelial layer and the multitudinous glandular structures belonging thereto are so tender as to be unfitted for the contact of anything in the way of nourishment except the most simple fluids, such as good milk. Then as evidence that indigestible food is not a prime factor as a cause, the majority of children attacked are too young to eat anything of the kind—such as unripe fruits, etc. Prof. Davis says: To understand the *modus operandi* of caloric, or high temperature, in producing disease, we must have a clear conception of the normal properties of living, organized matter, and the manner in which those properties may be modified by exterior agents. A careful analysis of the phenomena connected with organization and life, shows that every organized living structure, whether vegetable or animal, is possessed of two properties, elementary and essential to the existence of matter in an organized and living state. The first is an affinity by which the organic atoms are made to assume a definite arrangement, constituting the primary structures and types of organization. This property we call *vital affinity*. The second is susceptibility to impressions from exterior influences, or capable of being acted upon.

This susceptibility must not be confounded with nervous sensibility which is merely one of the functions of nerve structure, and not an elementary property of organized matter. Caloric is one of those imponderable agents capable of pervading all matter whether organic or inorganic; and it has the property to expand all bodies by causing the atoms of which they are composed to be separated farther from each other. Hence it is the great antagonistic power to affinity, whether simple, elective or vital. Every successive addition of caloric, or increase of temperature increases the expansion of the tissues, and of course lessens in the same proportion the vital affinity between the atoms of which the tissues are composed. If you wish for proof of this place your

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finger alternately in hot and cold water and note the difference in size by placing on same finger a ring after each hot and cold bath. A high atmospheric temperature renders these structures (mucous surfaces) morbidly sensitive, while their expansion renders them more lax, and thereby puts them in the most favorable condition for sudden and rapid fluxes of fluids into and through them. Hence it is that during hot seasons people of all ages are more or less disposed to bowel troubles. Then, what predisposes all classes to such ailments, becomes in children, while the mucous membrane is undergoing development as already described, sufficient to produce disease.

Now, if Dr. J. F. Griffin of Cloutierville, La., will pardon the poverty of my language, overlook repetition and pass unobserved my murderous English, I may "take heart" and write further on the subject.

And in the slang of Dr. G., I say of the BRIEF "Long may it wave," which, being interpreted means "May it ever prosper."

Newtown, Mo.

Succus Alterans in Rheumatism and Syphilis.

We are reliably informed that the preparation Succus Alterans (McDade) is becoming a very popular remedy with the profession, and being very extensively prescribed in general practice as an alterative tonic, aside from its use in syphilitic diseases. The good results from its use in treatment of rheumatism, of chronic character especially, is worthy of consideration. The remedy is certainly growing in favor, and as no great claims have ever been made for it, but simply placed upon its own merit, we think it could possess no higher recommendation.—*Ind. Med. Journal.*

Hemorrhoids.

(Continued from page 316.)

When this irritated condition has passed away—say in four or five days—then begin the final work of destruction by injecting the sacs in rotation, at intervals. One treatment is sufficient for the destruction of a hemorrhoidal sac, unless the sac is old and the wall hardened until the puncture will not close readily on withdrawing the needle. In this condition, the blood is apt to pass out *with more or less of the fluid injected.* When there is a doubt as to the medication being retained, it is advisable to *not* renew the treatment THEN, but wait until the time for the following treatment, then reinject. Now, we can, in most instances, prevent hemorrhage and the loss of the injecting fluid by having a small probang charged with Monsell's solution of iron, *ready to apply to the puncture* IMMEDIATELY *after withdrawing* the needle. The needle need not penetrate (even in the largest *sacs*) more than three-eighths of an inch.

Occasionally, when a sac has originated low down and has existed for a long time, the wall is hardened, tough and dark, *but not painful.* and it is impossible to return it into the rectum. Of these, the dependent end is generally inclined to bleed at stool or when touched, *through an old opening.* We can not reduce these, but treat them by injection. When found, hold it with thumb and finger of the left hand, pass the needle in *through the old opening* with the right hand, and inject. These sacs, which can not be returned and treated *within the rectum*, occur about one time in fifty cases, and we seldom find more than one sac of this nature in the same person.

When treating piles during the heated season, if the case is extensive

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and the parts congested, it is not improbable to find the sudden development of a fissure. (If anticipated, it is best to name this fact at the time of treatment.) When fissure occurs from this cause, it is easily controlled by using salicylic acid (from wintergreen oil) ointment three or more times a day, for a few days.

Parties under treatment for piles, should be instructed to never, while under treatment, resort to the rural posture (squatting) when at stool. They should always go to the closet, sit on a solid seat, *erect*, and relieve the muscles of the pelvic and lumbar region of all undue strain. This is a point to be remembered.

With what shall we inject?

If there is anything equal to carbolic acid, I am ignorant of the fact. This remedy may be combined with others perhaps (?) to advantage.

Now, the point to observe in preparing carbolic acid for injection is, to *get a solution that will not crystalize.* There is a way to do this that is not generally known, a process of which certain non-ethical and I might truly say non-scrupulous parties claim patents. However that may be, it is certain that this process has been known and practiced by creditable physicians for a number of years. It is this: *Take of sperm oil q. s. one or more ounces* (quantity is immaterial), *place the container into an open vessel and surround with ice and salt. At the same time,* have your bottle or bottles which contain carbolic acid crystals partly submerged in very warm water, until all the crystals become fluid. Now, after the oil has been in this bath until it is quite cold, say fifteen minutes, begin to add the carbolic acid, SLOWLY, all the time stirring; continue this little game of addition UNTIL *the contents of the oil bottle begin to look flaky*—that's all that is wanted. It will not crystalize. Three to eight drops is the proper amount to inject, being governed by the size of the hemorrhoidal sac. Do not use too much; always favor the minimum amount.

The above points, when properly interpreted, will suffice to give us success in the great majority of cases of hemorrhoids. Yet, occasionally, we may find a case so very badly congested that it requires a somewhat modified treatment. W. E. RYAN, M. D.
French Lick Springs, Ind.

Acute Articular Rheumatism with Suppuration.

Dr. J. C. Wilson, in October BRIEF, asks for report of such cases.

Sept. 30, 1886, I saw Mrs. S., widow, aged thirty-six, mother of two children, younger fourteen. Her general health was good, until ten days previous to my visit, when she was taken with chills and fever for which she took quinine. Then followed the usual symptoms of rheumatism, with no heart complications and temperature did not exceed 102½° F. The left knee, ankle and foot were involved. Treatment: Salicylate of soda and such remedies as symptoms demanded.

On Oct. 11, the pain, tenderness, etc., having left the joint, the temperature in evening being 99 to 100° F. Tinct. iron and quin. sulph. given and the soda stopped. On Oct. 17, she sat up some and walked around her bed, but complained of tenderness in ankle and there was some swelling; on 19th, an abscess was noticed just above external malleolus. It was opened and poulticed, and on the 21st one was opened on the instep. Both discharged quite freely and soon healed. They were superficial. Patient convalesced slowly and slight fever in the evening for two weeks afterward. There was no delirium or symptoms of pyæmia or phlebitis in this case.
Louisville, Ky. T. E. GOSNELL, M. D.

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Prompt Delivery of the Placenta.

In answer to our request for opinions on the above important subject, we have received the following replies:

The question now agitating the minds of the readers of the MEDICAL BRIEF is, when to deliver the placenta? "A man convinced against his will, is of the same opinion still;" hence, I do not intend to convince any one whose experience teaches him a better lesson than my argument can. I wish, however, to give my treatment of the placenta and the reasons therefor.

If I were asked the question: "Why do dilating and bearing-down pains come and go? Why do they not continue, when once commenced, until the os is sufficiently dilated and the child expelled?" The answer is: To save the woman; save her from so long continued suffering, from exhaustion, from death. Why not deliver the placenta immediately after the birth of the child? To allow the mother time to rest, after a two, three, four or more hours' severe and painful battle, such as no man ever fought. He who feels that the poor woman needs no sympathy and no rest after the expulsion of her child, let him remove the placenta at once, and *vice versa*.

Immediately after the birth of the child, the womb contracts. This is nature's effort to dislodge or loosen the placenta from the walls of the womb. It may succeed during its first effort, and it may need two, four or even six contractions. After it is peeled from the walls of the womb, and the woman has had rest and time to breathe and regain strength, the placenta is ready to be removed, and if the physician is not in a hurry, nature will do the work herself.

Not to remove the placenta at once, may be an argument as a cause for hour-glass contraction. Who knows whether there may not have been hour-glass contraction after the delivery of the placenta as well as before?

I have read arguments in medical journals against the use of the binder after delivery, also against cutting and tying the cord. The reasons assigned were, that nature did not need such interference, since in animals the cord was never tied and the female never bandaged. If this is good logic, then the fact that animals do not deliver their placentas immediately after the birth of their young, waiting in most instances at least an hour or longer, is a very strong argument in favor of waiting for the delivery of the placenta after the birth of the child.

Ever since I am able to reason for myself and to know from experience, I always wait for the delivery of the placenta. After the child is born, I place my hand upon the abdomen of the mother, to learn whether the womb has contracted. If it has, I ask for a good string and a pair of scissors. I now tie the cord at two places, about an inch apart, and then cut between the two ligatures. The two ligatures may not be necessary in many cases, but in case of an adherent placenta they may save the life of the mother by preventing a flooding through the cord. This has been my experience. After the mother is carefully covered over in bed, I proceed to wash and dress the child. After this is accomplished, I make an effort to deliver the placenta, bandage her abdomen moderately, give all necessary instructions, and then leave. No physician has a right to run a risk with the life, safety and comfort of his patient. He should even care for the strongest as well as for the weakest of his lying-in women. FRANK R. BRUNNER, M. D. Eshbach, Pa.

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Dr. McCarty requests experienced obstetricians to give their views in regard to prompt delivery of the placenta. I have, for twenty years past, made it my practice to deliver the afterbirth shortly after the child was born, and with the best of results; and I have delivered a great many women in my time. I draw steadily but gently on the cord until I can reach the afterbirth, then I grasp it and bring it edgewise (as directed by Prof. Meigs), then I turn it in my hands to twist the membranes into a rope-like shape to get it all away. I see Dr. Livezey censured Dr. McCarty for his promptness. It is good that we are not all of one mind and do not operate alike. The more we argue these cases through the good old BRIEF, the more we learn. All these controversies are profitable; let us have them often. I often thank a brother physician for thinking differently from what I do; we all have room to learn. Lord have pity on the doctor who knows it all! We have just such ones in this city—what they don't know is not worth knowing; some of them are old and gray-headed, and they have a few old books, perhaps fifty years out of date, and in their estimation medical journals are a humbug; and some of them are boys, fresh from a college where they are graduated at the end of one term. What extremes in this medical world of ours! A. S. GISH, M. D.
Abilene, Kan.

As the BRIEF calls for the views of its readers on the delivery of the placenta, I answer that my practice of obstetrics extends over a period of about thirty years, and it has always been my habit to deliver the placenta promptly, notwithstanding all the authorities I had read recommended delay; and I have never had occasion to regret my practice. As soon as the child is born and the cord ceases to pulsate, and the child has received the last drop of blood that it is going to receive from the mother, I tie and cut the cord and hand the child to some one, and grasp the uterus between my two hands and make gentle pressure until the womb contracts firmly and the placenta is almost or quite expelled from the organ. Then I take hold of the cord and make gentle traction, and a little pain comes along about that time, and the placenta comes into the external world, and a turn or two in my hands twists the membranes into a cord, and all is over.

There are several reasons why this is good practice, only two of which I will mention. 1st. The parts are well dilated at that time, and offer little resistance. 2d. If the placenta should be inseparably attached, you find it out in time to introduce your hand without any difficulty.
Raymore, Mo. C. GRAY, M. D.

On receipt of the October BRIEF, I noticed an article of some importance on the subject of when to deliver the placenta. Now, my experience is that the sooner the afterbirth is delivered the better for the patient. After a practice of thirty years, I will positively state that I have always removed the afterbirth as quickly as possible after the delivery of the child, and never wait for anything. I introduce the hand and bring away the afterbirth as soon as it is possible to do it, and never have regretted it. All the students I have had have done the same, and there is not a more successful lot of men in the profession than they (as well as myself) have been.

Men who are placing their sole dependence on what the old text-books

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say will never progress one iota from the old systems of practice, but the BRIEF will teach progression to all who read it, and I have no other journal that I think as much of as the MEDICAL BRIEF—it is the best medical journal in existence.

I think that Dr. McCarty has expressed a bold and positive opinion in relation to the removal of the placenta, and I hope that all who have profited by his advice may continue to practice the same in defiance of the old fogy opinions and writings of past defunct systems of practice, and thereby save the lives of numerous mothers of children.

Would to God we had more men who were willing to cast old fogyism in the shade and come squarely out on principle, instead of adhering to the unsuccessful and dangerous practices of the past. We live in an age of progress, and should each and every one do his utmost to improve the time in instructing the young men in ideas of advancement, instead of following in the rut made by our predecessors. They would be more successful as practitioners.

I am of opinion that the parties to whom reference is made by Dr. Livezey will not be very apt to turn over in their coffins on account of the straying off of some of our number from the old pathway which caused so many deaths for want of immediate removal of the placenta.

I will assert, right here, that there have been seven lives lost for want of quick action for the removal of the placenta to one done prematurely. I, for one, never had to regret premature action in the removal of the afterbirth; but am sorry to say I have lost two by delay, but will never be guilty of doing so again.

I have taken the BRIEF for only a few months, and will say that I have never read a journal during the whole of my professional life with more pleasure and profit.

GORDON ANDREWS, M. D.
Ionia, Mich.

As to Dr. Livezey's manner of delivering the placenta, would say that Dr. McCarty, in his reply, has stated fully the manner I have almost invariably adopted for over forty years. In this time I have delivered over one thousand, and never waited a minute. In not a single case have I had flooding, laceration, etc., as the result; but often, indeed, I verily believe, saved the life of my patient by this outrageous (!) act.

One instance, a few days since. The labor proceeded all right; nothing unusual till the end of second stage. Before I could tie and sever the cord, there was such a rush of blood that I verily believed the patient would not survive five minutes. I immediately introduced my hand and found the placenta firmly attached. I broke down the adhesion, pulled down the placenta, the womb immediately contracted, and the patient was safe.

In this case, would Dr. L. have waited for nature? I think not.

I will, while on this subject, state that during my obstetrical practice I have never used instruments in a single case, and have had shoulder, arm, breech and foot presentations. In my humble opinion. the use of instruments is very seldom necessary—patient and nature, with a little help, will do the work.

Timpson, Tex. A. H. WILSON, M. D.

I desire to come to Dr. McCarty's relief in regard to early delivery of the placenta. I never wait longer than to tie and to cut the cord. I give the babe to some one to dress, and then turn my attention to the mother. I do not follow Dr. McC. in every

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particular, but take hold of the cord with my right hand and place my left over the fundus, press gently, and at the same time knead the fundus, making slight traction on the cord. By these means, I generally succeed in bringing the placenta away. Should I fail by the above means, I then oil my hand and introduce it into the womb, sweep it around to see if there are any attachments, and, if so, I break them up, allowing the placenta to precede my hand, at the same time kneading the fundus with my left hand to act as an additional stimulus to cause the womb to contract. I have had no reason to change my practice. I have been practicing five years; have delivered fifty cases, which is a reasonable amount for a country doctor.

The only case I ever had any trouble with was one that was attended by an "old granny," who, after the child was born, failing to get the placenta in the usual way, tied the cord to the woman's leg, and sent for me in haste; and it was well she did, for the woman was almost cadaverous from the loss of blood. There was no time to be lost, so I oiled my hand and introduced it into the womb, and found the placenta detached all but about two or three inches at one edge; the other side, falling down, stopped up the mouth of the womb, and hence, you see the danger she was in. I gave ergot, used cold water on the bowels, and gave small toddies, but it was several hours before I could bring about a reaction.

Would Dr. Livezey have waited until the womb expelled the placenta? I hope not.

The women in the country have the notion that to let the placenta remain is very dangerous—that is, for nature to expel—consequently, they are very uneasy until it is expelled. We all know what effect the mind has over the nervous system. When the mind is ill at ease, it tends to relax the system, and hence the necessity of delivering the placenta as early as possible, to relieve the mind and give nature a chance to come to her rescue. I do not think she has anything to lose, but, on the contrary, everything to gain.

J. M. Bolger, M. D.
Magnolia, Ark.

I have read with much interest the controversy between Drs. Livezey and McCarty, and wish to add my experience. I have been in the practice of medicine nearly six years. In that time I have delivered over three hundred women of children. I have never had a case of "hour-glass contraction," but one case of adherent placenta, and two of serious flooding. My method is to give, at the commencement of the *second stage* of labor *in multiparæ*, a full dose of fl. ext. ergot, and, at the end of this stage, another dose. After severing the cord, I take it in my right hand, and with my left grasp the uterus firmly, and express placenta after the method of Playfair. I use no traction on the cord, but only hold it extended sufficiently to tell when the placenta is expelled. *Never, under any circumstances*, introduce the hand into the uterus, except to deliver retained placenta, either adherent or from hour-glass contraction. I consider such a proceeding barbarous. I have never had any difficulty in delivering placentæ by this method, and by it not only save the patient much mortification, but much intense suffering too. "Where a child's head can pass, a man's hand can *not* pass without much pain."

In *primiparæ* I never use ergot until the expulsion of the head. If Dr. M. will read Playfair on the third

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stage, he will keep his hand outside of the uterus in the future, I think.

My patients are seldom troubled with "after-pains," which I think is a result of my method of delivery.

Meddlesome midwifery is the opprobrium of the profession. When nature can't do, then assist her—and *not till then.*

With best wishes for the BRIEF, I will close.

LUTHER CARTLEDGE, M. D.
Fairplay, Ark.

In reply to your request as to whether I, as one of your readers, promptly deliver the placenta, or wait as Dr. Livezey suggests, would say that when the head is delivered, I administer one drachm fl. ext. ergot. When the child has been delivered and the cord severed, I turn the babe over to somebody, and proceed at once to *gently* deliver the placenta. Have never had any trouble liable to accompany labor.

H. L. GUYNES, M. D.
Westville, Miss.

For twenty-five years I have almost invariably delivered the placenta as soon as the child was born, and have never had any unpleasant sequelæ. In a few cases I have had serious hemorrhage to occur, when I arrived after the birth of the child, and found the placenta undelivered. I, therefore, believe that prompt delivery of the afterbirth is the correct method. I also believe that every judicious physician knows how to deliver the placenta—gently, and without lacerating, tearing or producing hemorrhage. J. W. RITCHIE, M. D.
White Mound, Tex.

I should like to enter a protest against the forcible extraction of the placenta in labor cases. I fully believe that such practice comes under the head of malpractice. Credé's method, in the majority of instances, answers much better; and if I were on a jury, and a physician should be sued for malpractice, I *would* certainly give a verdict for the plaintiff and for full amount sued for. Forcing the hand into the uterus is *vile* and *unscientific* in the extreme, and inexcusable as well.

New York City. L. G. DOANE, M. D.

I wish to state that for twenty-seven years I have followed the teachings of my honored preceptor, Dr. D. W. Brickell, of New Orleans, whose maxim was, as soon as the cord was cut and the child handed to the nurse, to deliver the placenta. I have never had cause to regret this practice.

G. C. PHILLIPS, M. D.
Lexington, Miss.

I, for one, heartily concur in the mode spoken of by Dr. McCarty, of immediately delivering the placenta. For it can be done without causing the patient much pain or uneasiness, and, should there be adhesions, then you know just how you must proceed. By practicing this mode of delivering the placenta, I am satisfied that I have averted some otherwise bad sequelæ. T. N. WILLIS, M. D.
Finchville, Ky.

Concerning the delivery of placenta, I will state that I always, as soon as child is born, try by gentle traction on the cord and by a grasping motion over the fundus, to deliver the placenta. I take good care that the womb contracts firmly, and succeed in getting away the placenta always in from five to ten minutes after birth of child. In my fifteen years' practice, I never had flooding from this cause. I seldom use ergot.

A. KNOLLMANN, M. D.
Covington, Ky.

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I have had over two hundred cases of labor. The first hundred I always waited a reasonable length of time for nature to expel the placenta. The second hundred I changed my plan and delivered immediately, with equally as good, if not better, success than former cases, and saving of much time.

Rono, Ind. J. MYERS, M. D.

"*Meddlesome midwifery is bad.*" The one-minute rule compels the attendant to force the hand into the uterus in fifty per cent of his cases—a barbarous and unnecessary practice in nine cases out of ten. I have not committed that outrage on the suffering sex, for that purpose, more than five or six times in thirty years. The third stage is as natural a process as the first or second. J. W. MULVEY, M. D.

Jonesville, Ind.

As regards my views in reference to prompt delivery of placenta, I have done this kind of practice for twenty years, and my custom is to deliver it promptly, and do not wait, and have never had cause to regret this practice. If either *attached* or *detached*, I find this by far the safest mode. It has performed its function and is now a foreign body—why wait? "Delays are dangerous." Deliver the placenta at once, *gently*, and see that the womb contracts. JAMES A. GOSLIN, M. D.

Springfield, Mo.

In compliance with your request in October BRIEF, would say: I deliver *immediately*. Do so, though, without introducing the hand. Have tried both ways, and immeasurably prefer delivery at once. Submitted without argument. LYNN W. HENDERSHOTT, M. D.

Mill Shoals, Ill.

As per your request in BRIEF for October, "as to whether we deliver the placenta promptly, or as Dr. Livezey suggests," I will report my mode of procedure: As soon as the head of child is born, I give a drachm of fl. ext. ergot, and as soon as child is born and breathes, I tie and cut cord, turn child over to the nurse, and at once attend to the mother by placing one hand over the fundus of the uterus, and kneading it *gently* until the placenta and membranes are expelled into the vagina, then remove them with my right hand. If, after kneading the fundus for twenty minutes and the contractions are good, the placenta has not been expelled, I introduce my hand into the womb and *gently* loosen the placenta from its attachments. I never had a case of flooding.

I would ask, through the BRIEF, if others put a band on the child? I never do, and know of but one other doctor in this country who does not. Leave the band off in the future, and you will be pleased. Your patients will praise you, and the little innocents would, too, if they could speak. Here, even the old midwives are adopting my plan, and they think they know more than any doctor about lying-in women and babies.

A. D. MCCABE, M. D.

Medina City, Tex.

On receipt of the October BRIEF, I noticed a somewhat plain statement by an apparent young physician (they always make plain statements) in reply to an older practitioner, which interested me considerably. And, inasmuch as a request was kindly made for any member of the profession who might have read the discussion to give his experience pro or con, I ask permission to give my limited experience in this one class of cases.

I refer to the Dr. Livezey-McCarty-Griffin discussion, concerning the immediate delivery of placenta and use of ergot.

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My obstetrical treatment is as follows: After carefully making my examination and finding presentation proper and all right, I await natural developments. After second stage of labor sets in and is lagging slowly along, I at once, and with a perfectly free and easy conscience, administer a dose of ergot infus. (the infusion, from the fact that I have been left in the lurch once or twice with an inferior article of fl. ext.). When labor progresses, as a rule, finely, or if second administration in twenty or thirty minutes is necessary, I give it as freely as the first. When the child is born, I ligate the cord and sever same (always using my own ligature, heavy silk, and my own funis scissors) and hand the child into the hands of the nurse to wash. Then I at once proceed to deliver the afterbirth, as does my friend, Dr. McCarty. First, I make "*gentle*" traction on the cord, and if I find it does not yield, I take cord in left hand and introduce one or two fingers, as the case may be, and gently sweep around placenta and break up any adhesions that may exist, and have time to remove my hand when the placenta follows. After which I compress lightly with hand over fundus of uterus, and at same time ask some one present to give patient another dose of the infusion, about two or three tablespoonfuls. When the womb contracts finely and perfectly safe, I cleanse my hands and bandage the mother, and then turn my attention to the child and see it properly bandaged and that the cord is properly tied. As I do all such work under cover, I never expose the person of my patient.

If the placenta, on the other hand, has grown so fast that an ordinary sweeping of the fingers does not loosen it, I introduce my whole hand and loosen where it may be attached. When I get the whole placenta at once, in such a case, I again introduce my hand and remove any large blood-clots that may have formed after delivery of child. Then my patient rests easy so far as severe after-pains are concerned.

I have adopted this practice from the start, and do so yet, and propose to continue until convinced from some better reason than has yet presented itself that I am doing an injury. I have handled over seventy child-bed cases in three and one-half years, and have my first hemorrhage, laceration (except such as fanchette), involution or inversion, hour-glass contraction, or any other complication that Dr. Livezey may be pleased to name, to follow. I never, in my practice of obstetrics, have lost a patient, never had one to have half a degree of fever or anything, and I am no scientist, either—only a young country practitioner, in practice about nine years. I endeavor, in all cases, to "keep my head," as the saying is, and use common sense; and I think this will win very often where so much over-scientific practice often fails.

By introducing the hand immediately, if necessary, and removing afterbirth, it gives the patient an incalculably less amount of pain, as the parts are yet thoroughly relaxed, not yet having overcome the necessary shock, and the parts are benumbed—if you will allow the expression—and not so sensitive to touch.

One more remark: I am an advocate of carbolic acid in ALL labor cases, dropping the clear fluid on each napkin put to patient, and using it in the water each time a bath is taken.

I would say to Dr. McCarty, we will keep on in our old channel until convinced that the new one is better, but stronger argument will first have to be presented.

Trenton, O. H. SCHOENFELD, M. D.

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I have confined over one thousand women; have had but very few accidents; no post-partum hemorrhage; and it has been my rule always to deliver placenta immediately, as it saves time, anxiety and risk. By saying "immediately," I mean as soon as circumstances surrounding me and the patient permit. I never force my hand into the vagina or uterus; simple and gentle traction on cord always relieves; if it is followed by the index finger of right hand, with gentle pressure on afterbirth downward, it drops into vagina, and then I lift it away with a revolving movement, so as to extricate all shreds of membrane, etc., etc. Should afterbirth be attached, I, of course, carry two fingers of right hand around it, and gently take it away. I have always been *fortunate*, I reckon, as have very seldom had any trouble.

I never give anything in labor, unless compelled to—neither ergot, before nor after; never anticipate anything; wait till it comes, and then fight it. Towards the end of labor, I nearly always give chloroform or morphine, to partially mitigate pain, or sometimes to allay pains which are worthless. My own notion on midwifery is, that too much medical interference is unnecessary.

"Patience, my boy, patience!" was always my preceptor's motto.

Thanks to a kind Providence, I have had to use forceps only twice and blunt-hook once, and I have been in the profession eighteen years and am forty years of age.

J. A. Beasley, M. D.
Near West Point, Ga.

I have been practicing medicine nearly forty years, and it has ever been my practice to remove the placenta just as soon as the child was born. Not by introducing the hand into the womb, if there were no hour-glass contraction or adhesive placenta, but by simply taking hold of the cord with one hand and using gentle traction, and manipulating the fundus of the womb through the walls of the abdomen with the other, thus bringing on the pains the womb would soon empty itself.

I usually give some ergot a short time before the child is born.

I can truthfully say that I have no cause to regret this course.

Centre, Ala. B. C. Sparks, M. D.

I notice the discussion between Drs. Livezey and McCarty, and I most heartily approve the views of Dr. McCarty. I have had considerable experience in obstetrics, and when I first began to practice I waited ten or twenty minutes after the cord was tied, but later on I learned that the result was more satisfactory to deliver the placenta at once, and have never had any reason to regret the change.

J. M. Feland, M. D.
Reynoldsville, Ky.

I think Dr. McCarty is certainly in the right on the subject. I think if it is time to deliver the child, it is for the placenta. I wait for nothing. Prof. A. S. Barnes, College of Physicians and Surgeons, St. Louis, says: "As long as there is one particle of the placenta remaining, there is danger of hemorrhage. I never wait, gentlemen." Geo. W. Callis, M. D.
Dyer, Tenn.

I have been a practitioner of medicine for twenty-five years and more, and during that time have delivered a good many women. My practice has always and invariably been to deliver the placenta at the earliest moment after *getting rid* of the child, and, up to the present time, I have

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had *none* of the "lacerations," "floodings," "inversions," etc., of which our friend, Dr. Livezey, speaks in his criticisms.

May the BRIEF continue to *speed*.

Sonora, Ky. W. W. LAMBUTH, M. D.

Please tally one each for Drs. McCarty and Griffin. They are correct. Stand firm to your posts, boys. The weight of evidence is upon your side. I *always* deliver the placenta as soon as I hand the child to the nurse. My mode is similar to that stated by Dr. McC., and I have not had any regrets with this procedure. It has served my purpose for over sixteen years.

Wallace, Kan. J. N. PAGE, M. D.

Since I adopted the plan of promptly delivering the placenta, I have less trouble with my cases of obstetrics. I proceed as follows: Immediately after severing the cord and turning the child over to the nurse, I grasp the fundus of the uterus through the abdominal parietes and pass the index finger into the vagina to the os uteri, which is found dilated to some extent. By pressing the womb downward as I grasp it, it is easy to pass one or two fingers into the os and secure the placenta. I then assist the womb in expelling it, and I still hold the fundus uteri through the abdominal walls until it is firmly contracted and retracted.

I have never had a case of post-partum hemorrhage, and I deliver from twenty to forty cases per annum. By prompt delivery, the os is fully dilated and it comes away easy; if we wait twenty or thirty minutes, the os contracts to some extent, and the placenta meets with some resistance when we undertake the delivery. Also, by waiting, contraction and retraction is retarded, which, of course, favors hemorrhage, etc.

Lamasco, Tex. F. W. OWEN, M. D.

The placenta is for the child only, and performs no function in the animal economy of the mother. Nothing can be gained in waiting after the child is delivered, and much can be lost. J. ELLOTT CHAMBERS, M. D.

St. Louis.

All young physicians would do well to heed Dr. Livezey's advice. When I commenced to practice medicine, I would not allow the placenta to remain one minute after the birth of the child, and would insert my hand and take it away; but I have learned to do differently, and can well remember several cases that I attended in above manner, and it proved to be the last time I was called in these families. There is no reason for prompt delivery in a normal case. Young man, take warning. J. R. GARNER, M. D.

Ash Flat, Ark.

In the October BRIEF I see some comments on the delivery of the placenta immediately after the child is born. To this I wish to say by way of a little experience I had in 1877, this being my third or fourth case in obstetrics: I was called to see a primipara, young, well-developed and very muscular. Labor progressed very well, and in the course of three hours the child was delivered, and I waited for ten or fifteen minutes before making an effort to deliver the placenta. When I gave it my attention, the womb had contracted so firmly in the shape of an hour-glass around the placenta that it was with the greatest difficulty that I could introduce my hand at all, and the constriction was so great that it rendered my hand useless for a considerable time, though, after giving chloroform, I succeeded in relieving the womb of its contents, washed it out with carbolized water, and my patient made a good recovery. This is the only case I

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have ever had any trouble with, and will say the only one I ever waited more than half a minute on after giving the child to the nurse.

My rule is to have a bystander give the woman one drachm of the fluid extract of ergot immediately after the baby is born, then I proceed as rapidly as possible to tie the cord, and gently remove the placenta by tension on the cord, using one hand as a compress over the womb. I have never had cause to regret my course of procedure. Have had a good obstetrical practice for the past ten years, and have had only one case of lacerated perineum, which could not be avoided, as I had to deliver a very large child with the forceps. I reported the case in the BRIEF last winter.

I like the BRIEF, and don't want to be without it. THOS. A. RAPE, M. D. Ballinger, Tex.

(To be continued.)

A Peculiar and Complicated Case.

Was called July 10th, 1886, to see Mrs. P., mother of seven well developed children. Family history good. At this time she was alarmed over a discharge from the uterus. I questioned her as to its color, consistency, etc. After satisfying myself, I informed her of threatened abortion. She affirmed that nothing of the kind was the matter as she had felt no symptoms, neither had she failed to menstruate, and had no pain at time of discharge. I left, assuring her that in due time she would call for help. In about forty-eight hours I was called again, found her in labor, with profuse hemorrhage. Made examination, found os dilated to size of silver dollar, with soft spongy mass presenting.

Gave full dose sulph. quinine, and repeated drachm doses wine of ergot every two hours, until hemorrhage was controlled. Pains increased, but the mass made slow progress. On attempting to remove it, found uterine wall very rigid; made out hour-glass contraction. Found I could remove a bit of the mass, and did so, for examination: it closely resembled, in appearance as well as consistency, hog's liver. I gave one drachm chloroform which relieved all pain. Was surprised to find the body of the mass retreated and almost out of reach. She was up in a few days at her usual household duties. She continued to menstruate at regular intervals until last of October, when she conceived again. She noticed the quickening period January 7th, 1887, and so informed me of the fact, but did not believe until I made a satisfactory examination. Will state at this period of 105 days (after second conception) she attained the appearance of one at six months gestation. She did very well, considering her condition, through the whole course, and was delivered of a fine healthy boy July 7th, 1887. On making examination found the child's head in left iliac, pressed there by the mass. After rupturing the membranes I pressed up and brought the child's head in position. No further trouble in delivery, but did not attempt to remove the mass at the time, which came away next day. Did not see it, but husband described as follows: A flat, fleshy substance about the size and thickness of a man's hand.

Brethren, tell me what it is? Is it a blighted ovum? Would like to hear from experienced obstetricians. I have only noticed one case reported; that will be found in Nashville *Medical News*, April 1st, 1887, by Dr. Ben. H. Broadnax, Broadnax, La.

I report this case on account of its singularity and soliciting other articles of like character.

Centre, Miss. J. T. CRAWLEY, M. D.

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The Influence of Temperature in the Conversion of Protoplasm and Bioplasm into Neoplasm.

BY J. ELLOTT CHAMBERS, M. D.

Protoplasm has been the basis or groundwork for all naturalists, and is supposed to be, by some, the lowest form of life. I shall not here enter into a discussion of the views of others, but simply give my own. I do not consider it life at all, but merely organic matter in a fit condition for reorganization.

While it may be regarded as the incipiency of life, it is, nevertheless, the extremity of death; the perihelion of the orbit of organic matter in its ever-changing revolutions; like the capillaries of our bodies, which are both the termination of the arteries and the beginning of the veins. I consider it, then, the residue of death as much as the beginning of life; in other words, it is the extremity of elemental separation in the process of decomposition.

The boiling temperature (a decoction) rapidly decomposes organic matter, and, from the intensity of the heat, the organic matter, if kept at that temperature indefinitely, remains in a state of solution; but if allowed to cool to the temperature of from 60° to 100° Fahr. (an infusion), the inherent dynamic force of this matter held in solution is greater than the force of heat in such quantities, and it shortly arranges itself into protoplasm, the same as if decomposition had occurred at the "infusion" temperature, and has long since been considered an animalæ, and bears the name "infusoria," which reverts to solution by raising the temperature, and back to protoplasm by lowering it for an infinite number of times, like the congealing of water at the freezing point and liquefaction at any temperature above that point.

Organic and inorganic matter might more properly be termed sensitive and insensitive matter, in consideration of the fact that organic matter is more sensitive to heat and all external influences, and is capable of adjusting itself in a variety of dissimilar bodies only to take on the characteristic of the body to which it belongs. But it is not within the province of this article to prescribe a readjustment of medical or scientific terms.

All forms of matter are capable of being converted into a fluid state by heat; in other words, crystals of organization give away under the expansive influence of heat at a certain point, but re-crystallize again as soon as the temperature drops below the temperature of liquefaction. Substances which are soluble in water, of course, will not crystallize in water; but if it requires a certain temperature of the water, it will crystallize below that special temperature, and such is the case with protoplasm, which is nothing more nor less than organic crystallization, and not life.

Protoplasm, when exposed to the proper temperature, or range of temperature, for a special time, is (according to the nature of the protoplasm) converted into cells, which segment at the segmentive temperature of such cells according to their nature and composition, and are then termed bioplasm. When bioplasm reaches the stage or degree of temperature of its greatest segmentive activity, the cells are then neoplasm, or what is fast becoming recognized as embryonic cells. Whether they are located in the embryo, a granulating wound, a morbid growth, or are even a leucocyte, they are embryonic nevertheless.

There is a rise of temperature from 2° to 2½° Fahr. in the stomach during digestion,* which, aided by the diges-

* Digestion is only an infusion hastened by the action of the digestive fluids, while with many cold-blooded animals it is identical with an infusion.

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tive fluids, is sufficient to liquefy the food, the nutritive property of which after reaching the thoracic duct begins to rapidly form into cells, called chyle corpuscles, which may become either of the many varieties of cells in the human body. These are embryonic cells.

A well-known inflammatory effusion is the exudation of plastic or coagulable lymph on the surface of a recent wound—a pale, jelly-like coagulation—which, as soon as the temperature of healing has appeared (100½° to 101° Fahr.) begins to be transformed from a coagulation or liquid residue to the "embryonic cells" of Huxley—the true neoplasm.

Hunter assumed, in theory, a hundred years ago, the method of organization of tissue from exuded lymph, the very thing that recent observation has demonstrated in the hands of Stricker and others.

The amount of literature on "inflammation," or the tissue change resulting from abnormal temperatures of certain degrees of intensity for a certain period, coupled with the microscopic change of the cells from normal to the various degrees of abnormality, decay and death, usually tend to confound instead of enlighten the student. It has been variously represented as "mal-nutrition," "over-nutrition," "abnormal action," "perverted action," etc., by those who have tried to put it mild, and as "inflammation," which is a more sweeping term (if there can possibly be one) than malaria, by others.

The result of any inflammation is always equal to the product of the time and abnormal temperature: the new deposit, of course, is modified by the elasticity of the vessels and the richness of the blood. The temperature is always the prime cause and not the result of cell change of any character. It is the cause of cell-formation, cell-proliferation, cell-modification or transition to another character or class of cells, and cell-disintegration.

I think I have conclusively shown in the "Heat Theory of Reproduction" that the human body is formed by subjecting a single cell (the ovum) to certain gradations of temperature, until, by a subdivision of the offspring of the original cell, all of the varieties of cells which characterize our bodies are formed. The different grades of temperature in the different parts of the embryo produce an entirely different character of cells and structures, the same as the "different temperatures of our sphere have produced different geological strata from the intense heat of the silurian times down to the present."

Not only are the normal cells of our organism the result of a certain temperature, but, as said above, all cell change, morbid growths, and what are popularly known as disease germs, are also the result of certain morbid temperatures.

St. Louis.

What Is It?

I will be very much obliged to have a diagnosis and treatment of the following case:

Miss F., aged thirteen years, physical development medium, rather bright mind at times, complexion fair, with delicate features. She has been suffering for three years, more or less, from something like spasms of the stomach, which are often so severe as to produce a form of convulsions, like epileptic. She may be walking along on the street and suddenly fall down, with her hands pressing on the stomach, acting like cramp. Pupils of eyes at these attacks are very much enlarged. Spells may last fifteen or

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twenty minutes, when she returns to consciousness, and then for hours and sometimes for days feels bright enough. Her digestion is moderately good; kidneys and bowels act very well. I have used various remedies with little good effect, such as bismuth and opium, iodide and bromide of potass., zinc, black cohosh, valerian, assafœtida, in both small and large doses; have blistered stomach, which seems to be the seat of the whole trouble. There is no special swelling or tenderness about the stomach.

Apalachicola, Fla. J. D. RUSH, M. D.

A Peculiar Case.

In October MEDICAL BRIEF, J. C. Wilson, M. D., gives an account of "Acute Articular Rheumatism with Suppuration below the Knee Joint," and asks if any of the many readers of the BRIEF can report a similar case.

Now, I have a case which, in many respects, I regard as similar, though terminating somewhat differently. I will give the case in detail, as follows:

Sept. 15th, I was called to visit Mrs. D., whom, eight weeks previously, I had delivered of a healthy child. After the birth of the child, Mrs. D. made a good recovery, and was able to perform her usual household work up to Sept. 15th. On this occasion I found patient sitting up, but complaining of soreness and lameness of elbow and wrist joints, which were considerably swollen and of a reddish color. Also some lameness in right knee joint. Patient stated that she had had a chill the day before and also one that morning, with considerable aching in back and joints; also violent diarrhea with griping pains before stools. Temperature 102° under tongue. Diagnosed articular rheumatism, and gave, accordingly, salicylate soda in solution with aconite every two hours; also three grains of quinine every four hours, with morphine pills as often as necessary to control pain and diarrhea.

Second visit, Sept. 17th. Found patient in bed, and no better. Wrists and elbow joints same; both knees and ankle joints were now swollen, and very lame, though right limb was most affected, with pain and swelling in centre of calf of the limb and pain in thigh. Temperature 104°; urine highly colored and scant; much burning and scalding; diarrhea less frequent; pulse 132. Patient had chill some three hours before my arrival, which I thought accounted, in part, for the high temperature. Gave three drops fl. ext. veratrum viride in solution, alternating every hour with the soda and aconite solution before mentioned. Changed quinine to twelve grains, one dose at night and one in morning before chill. Morphine pills as before.

Sept. 19th. Found patient sweating profusely. Had vomited some, and said dark-colored medicine (verat. viride) made her sick at stomach. No chill that morning. Temperature 102½°. Pain nearly gone from joints in arms, but in lower limbs not much better; swelling extending between the joints, with soreness along the muscles and enlargement of lymphatic glands in groin; slight soreness over the uterus; diarrhea about gone; urine highly colored, but not so much scalding; backache and no appetite. Continued same treatment, with smaller doses of verat. viride.

I neglected to state that, as external treatment, we kept joints and limbs well bathed with camphor and turpentine liniment, and wrapped warm with flannel cloths constantly.

Sept. 21st. Patient appears better; no pain or swelling in upper extremities; still sweating; temperature 101½°; right leg badly swollen, with pain and tenderness; muscles in calf

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and thigh feel hard; glands enlarged in groin and along limb, feeling like little knots; veins on inner side of leg seem to be plugged up. In short, the leg has much the appearance of phlegmasia dolens.

From the above date, the course of the disease, whatever we may call it, up to the present writing, Oct. 11th, has been that of phlegmasia dolens, as near as anything I can compare it to. It seemed at one time as though the limb would suppurate at the calf, but the swelling and tenderness have been gradually disappearing for the last ten days, though the limb is still considerably larger than its mate, and glands still enlarged. Patient is now able to sit up, and has a fair appetite. Treatment latterly has been chiefly tonics and absorbents.

Now, the question arises, did this patient have articular rheumatism, or was it a case of septicæmia from the first? I am now inclined to accept the latter view as the correct one. Let some other brother express an opinion.

I have only taken the BRIEF the present year, but for every-day clinical instruction it beats all my other journals combined.

Sonoma, Mich. J. I. BAKER, M. D.

Bold Hives.

Dr. Jos. D. Morgan, of Dixon, O., asks for treatment that will permanently cure "bold hives." I have treated several cases this summer, and have met with excellent success with the following:

℞ Hydrarg. Bichlor.....20 grains.
Acid. Carbol..... 2 drachms.
Ext. Hamamelii fl. (Pond's)
q. s. ad..... 4 ounces.

M. Sig.: Use as wash night and morning, after bathing surface freely with warm water. Keep bowels open with magnesia sulph.

I think, doctor, if you will try this you will meet with success.

H. J. WHITNEY, M. D.

Davenport, Wash. Ter.

Oxygen.

A new apparatus for the instantaneous generation, purification and *desiccation* of oxygen for medical use is announced from New York. It is described as occupying a case no larger than a good-sized buggy case, and yet it is efficient and quite unlike the toy affairs heretofore offered. It can be entrusted to a nurse or to the patient himself, after a little instruction, and yields in twenty minutes eight or ten gallons of exceptionally pure and thoroughly dried gas. This latter point is now being strongly insisted upon by foreign writers on the subject. It is asserted that one gallon of desiccated oxygen is quite as efficient as two of the ordinary vapor-saturated variety, owing to the increased avidity with which it is absorbed by the moist membranes lining the respiratory tract. This new departure is fully endorsed by Dr. Wallian and other authorities on the subject.—*Cincinnati Med. and Dent. Journal.*

A Large Dose of Croton Oil.

Not long since I was waiting on a man who had malarial fever complicated with a troublesome diarrhea, which was readily controlled with camphorated Dover's powders, and as soon as they stopped he (like the Dutchman) wanted them to be moving again, and decided to take a dose of castor oil. A bottle containing an oil was examined and pronounced castor oil by the family. Consequently he took a tablespoonful of it and in less than five minutes he was seized with violent purging and vomiting which alarmed them, and the bottle was examined more carefully and found to contain an irritating liniment composed of equal parts of olive and croton oil.

This is the largest dose of croton I ever heard of being taken and yet it did not prove fatal.

Lamasco, Tex. F. W. OWEN, M. D.

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THE MEDICAL BRIEF.

J. J. LAWRENCE, A. M., M. D.,

EDITOR AND PROPRIETOR.

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The Throne of Science is Common Sense.

Physicians are learning that science is the only standard of truth, and that its authority is not personal. Science teaches and explains, but does not dictate. The days of pompous physicians and pathies are rapidly going where the woodbine twineth. No really scientific physician (no matter where he graduated, nor with what school of physicians he affiliates) can be either an allopath, homeopath, hydropath or any other kind of *path.* He can *only* be *a physician*, bowing simply to the authority of truth wherever found. The scientific physician reads and studies all sides of every question presented to him, his object being to get hold of the *truth*, and not to advance his pet theories. This explains the wonderful popularity of the MEDICAL BRIEF with the scientific portion of the profession. Its pages are always open to all sides of every question, and hence it is the organ of the independent scientific thinkers of the profession, who are always willing to learn *practical facts* from every source.

Erratum.

In Dr. Morse's "Random Notes," in the October BRIEF, the words "made in," on p. 394, 36th line, 1st col., should read "imported into." The porcelain bath tubs made in America are not comparable with the "French shape" to which the doctor referred, and which are made in France.

Quinine Has No Effect on the Bones.

I see in the October BRIEF a short article, on page 401, entitled "The Effect of Quinine on the Bones," by Dr. N. Otis, of Cimarron, Kan. He wants to know the experience of other medical men on this point. I am not as old as he, and have not had quite so many years' practice, but twenty-five years in the profession has taught and thoroughly convinced me that the young doctor who got angry because Dr. Otis told him that it was the quinine that produced the decay in the bones in the case referred to in his article, was perfectly justified in so doing. We had supposed that the old fogy notion, about quinine settling in

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or doing any injury to the bones, was exploded long ago.

Were there any truth in such an idea, a large majority of the people of the Northwestern and Middle States would have diseased bones to-day. Quinine will settle in and injure the moon just as quickly.

Buffalo, N. Y. ELMORE PALMER, M. D.

The Effects of Quinine on the Bones.

Dr. N. Otis expresses a desire, in the October BRIEF, to have the experience of its readers on the above subject. I am led to believe that not many of the readers of the BRIEF will lay the cause of the diseased bone to the use of quinine. Necrosis results from various causes, among which may be mentioned traumatism, inflammation of the periosteum, and many other causes. According to Dr. Otis, quinine enters into the etiology of necrosis.

Now, let us enter into the logical reasoning of this case, and see what deductions we can make from a philosophical reasoning:

Traumatism is laid down as a cause of necrosis by all authors on surgery. We have a history of traumatism in this case, and in all probability the sliver wounded the periosteum, which produced its inflammation and destruction of the membranes by suppuration, as it was not destroyed at the time the wound was received by the sliver puncturing the periosteum.

I fear Dr. Otis had the toxical effects of quinine and the constitutional effects of phosphorus a little mixed in his brain when he penned the article in question. The bones in the side of the foot would be the last bones I would look at, if in search of necrosed bones from the maladministration of phosphorus. I have had a case of necrosis, and administered quinine daily, in conjunction with Fowler's solution, potass. iodide, resulting in complete cure, after persevering for several months, in spite of quinine.

W. H. S. CRABB, M. D.

White Run, Ky.

Diagnosis and Treatment Wanted.

I wish to ask of the numerous readers of the BRIEF (the best medical journal in the world) the diagnosis and best treatment of the following case:

Mrs. E. E., aged sixty-seven years, hair dark, grey eyes, plethoric habit; family history good; nervously inclined; has an accomplished education and a fertile brain which has been constantly at labor; and apparently in the best of health now, but has suffered more or less with hay fever, or asthmatic attacks, the greater part of her life, until the last eighteen months, which time she has spent in Oakland, California, and has been free from any of her former attacks. But a new trouble has made its appearance, that of a sudden and momentary swelling of the tongue, without pain or inflammation. The whole organ, sometimes, and the cheeks, and the parts surrounding the sublingual and submaxillary glands. The mucous surfaces look like a bladder; at other times it will appear in the form of papillary tumors on any part of the tongue—the edge, point, or dorsal surface, as well as the frenum lingui. These make their appearance all of a sudden, always preceded by a tired, languid feeling; will sometimes remain for a few minutes, at other times several hours, or a day, when it will disappear altogether. I forgot to state that the sufferer is an inveterate snuff dipper and a hearty eater.

Please reply, and confer a favor on one who appreciates the form and matter of the MEDICAL BRIEF.

D. H. BURK, M. D.

Webber's Falls, I. T.

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Answers to Inquiries.

BY I. J. M. GOSS, A. M., M. D.

Dr. Riley asks for treatment for eczema, and heart disease (I suppose he means hypertrophy from valvular insufficiency). If the doctor will give from two to five drops of tincture of arsenic, and alternate that with the tincture of lappa minor two ounces, and the tincture scrophularia two ounces, and the tincture of dulcamara two ounces; dose a teaspoonful before meals; and wash, as Dr. A. C. Woodruff advises, in Hebra's Green Soap, and apply an ointment of vaseline and oil of cade, or the boric acid, he will cure his case. And for hypertrophy from valvular insufficiency of the heart, give ten or fifteen drops of cactus grandiflora, and five drops of tincture of digitalis, every three hours, to give the heart rest, and alternate with ten to fifteen drops of tincture collinsonia, every three hours, he will very much relieve his patient, and, if it be a recent case, he will cure him.

Dr. J. W. France wishes information in microscopy. I have had long experience with a good microscope, made by Queen & Co., of Philadelphia. But microscopy is only learned by personal instruction. The microscope is essential in diagnosing many diseases, especially such as are caused by living entities, and the various affections of the kidneys and bladder.

Dr. W. J. Reese calls attention to a case of convulsions that he treated with ten-drop doses of veratrum every hour, which is heroic treatment. I would ask the doctor to try ten or fifteen grains of chloral hyd. next case he has, before he either bleeds or gives ten drops of veratrum viride.

Dr. Scott Culbertson asks for treatment for a lady who was attacked with severe rigor on May 28, 1866, with palpitation of the heart (congestion of the root of cardiac branch of the pneumogastric nerve, and called for belladonna), and a sense of impending death from suffocation, which also called for belladonna. It is now chronic, but the continued use of three or four drops of belladonna, twice a day, and strong counter-irritation to the diseased region of the spine, will gradually cure the woman.

I would say to Dr. T. N. Clark, of Reagan, Tex., to try twenty grains of chloral in puerperal convulsions, before he gives large doses of veratrum and bleeds. I recently had a very bad case, in which I gave fifteen grains of chloral hyd., repeated once, which did the work nicely in a very short time, and we delivered with the forceps.

Dr. F. Scherer wants a formula for the treatment of secondary syphilis, without the use of mercury. I cure syphilis in any stage with the proper use of stillingia, corydalis, phytolacca, lappa minor and echinacea augustifolia. In tertiary syphilis, there are other remedies that do good, such as the iodide of potass. or the iodide of soda, and chionanthus, and berberis aquefolia, etc. Each stage of syphilis indicates different remedies, both local and systemic. A chancre should be dressed with a strong ointment of iodoform, after washing well in a saturated solution of boracic acid. A bubo should be dressed with iodoform ointment.

Dr. Brodie asks for treatment for an old case of suppuration of the ear (eczema of the internal ear). If the doctor will just cleanse the ear with a warm suds of fine soap, and fill the ear with a warmed solution of boracic acid, and then fill the cavity with fine prepared cotton to hold it there, he will find it to improve. And, internally, give the following, viz.:

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R. Tr. Scrophulariæ.. }
Tr. Lappæ Minor.. } āā Equal parts.
Tr. Dulcamaræ... }
M. Sig.: One teaspoonful before meals.

I have just cured a case where all other treatment had failed. Eczema of the ear is the cause in many cases.

I notice in the BRIEF an allusion to xanthium-spinosum—called prickly clotweed—growing on the coast. I also have another remedy, which has been lately introduced, for rabies, snakebite, and all blood poisons. I used this article in two cases, and prevented hydrophobia in both. The remedy is echinacea augustifolia, which grows in several Southern States, and abundantly about Pawnee City, Nebraska. I make a saturated tincture of the freshly dried root, and give a teaspoonful three times a day. I am now treating a little boy, who was bitten by a rabid dog some twelve days ago, and there is no hydrophobia that I have heard of yet. This child had no other chance to escape rabies, as the dog's teeth penetrated the inside of the left arm, between the ulna and radial artery, without any intervention of clothing or any other protecting medium. I find this article very active in all blood poisons. I use it in syphilis.
Marietta, Ga.

Comments, Answers, Etc.

BY J. F. GRIFFIN, M. D.

In my reply to Dr. Livezey, p. 385, the types make me say "word" when I meant "world," and they also make me say "coming over the pages" when I wrote "conning over the pages." I must say, however, that these are the first typographical errors I have ever noticed in any article I have furnished the BRIEF.

Dr. J. W. France, p. 389, asks for "knowledge on microscopy." He is respectfully referred to Dr. Silas Hubbard, pp. 102 and 329, where he elucidates—not exactly microscopy, but the next thing to it—in what he is pleased to term "the morphology of the comma bacilli," rendering the whole thing as clear as mud. It is plain that he has "killed or *scotched*" more comma bacilli than any bacteriologist living. When he comes to die, and goes "over on the other side," what a fearful array of charges will be brought against him by the bacilli, the bacteria, and the gonococci!

I would like to ask Dr. Lindorme, p. 380, as a matter of information, if he has not allowed himself to lapse into an error when he says: "Hence, it follows, there can be no combustion without oxygen"? Chlorine gas is a supporter of combustion, which fact he overlooks.

I wonder how it would do for Dr. Culbertson, p. 396, to put his patient on iron and nux vomica, and blister with cantharides the whole spine from the neck to the sacrum!

I would say to Dr. Brodie, p. 408, that I have never seen filling the ear with cotton do any good. I think, with all due respect, that it is objectionable practice. I would, in this case, suggest iodoform internally, and locally a solution in water of Pinus Canadensis (dark) dropped into the ear warm, three or four times a day—at first, one to ten of the water, gradually increasing in strength. I would fill the ear full each time, letting the patient hold it awhile and then permit it to run out. I have seen the Pinus Canadensis work wonders in diseased conditions of the ear, where there was suppuration.

I have noticed for a long time that the gynecologists have been stealing the thunder of the laryngoscopists. Years ago, *salpingitis* was used as signifying inflammation of the eustachian tube, but now it is used as signifying

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inflammation of the fallopian tube; but nothing delights a gynecologist more than to find a Greek expression to convey his ideas, they being on a par with the ophthalmologists.

Say to Dr. W. E. Fariss, of Clifton, Tenn., that he can remove the superfluous hairs from the lip of his "gay young widow" by the process of electrolysis. By any other means, the hairs will return. Let him provide himself with a galvanic battery of fifteen milliamperes, with a small triangular-shaped needle—a jeweler's broach, or reamer, is considered best by some. The patient holds in one hand a dampened sponge, connected with the positive pole of the battery. The operator holds in his hand the needle, or broach, which communicates with the negative pole. This connection should be operated by a switch lying on the floor, worked with the foot, a connecting wire leading from the pole to the switch and another from the switch to the needle. The operator inserts the needle into the hair follicle, alongside of the hair, then presses the switch with his foot, completing the circuit. There is now a slight stinging pain in the follicle, indicating the action of the battery. Around the needle is observed a slight congestion, followed in a few moments by a blanching of the skin, while a whitish froth issues from around the root of the hair. In a little less than a quarter of a minute the hair is seized with a pair of forceps, and with a slight pull it easily comes away. Should it not come readily, give a little more time. In removing the needle, first break the circuit by removing pressure of the foot, thus preventing a shock. After removing from 50 to 75 hairs, stop, and repeat process next day, continuing thus daily until all are removed. Contiguous hairs should not be removed at the same sitting. It is best to select them scattering.

By the way, changing the subject, the other day I got to turning the crank of an old, rusty machine, used for the purpose of grinding out "pomes." I made five turns of the crank, and out came the following, having previously set the machine to the notch of—

THE GONOCOCCUS.

STUDENT.

Now, doctor dear, come tell us clear,
And think not it will shock us,
But never fear to tell us where
And whence the gonococcus?

DOCTOR.

Thou silly boy, 'tis but a toy,
That comes but just to mock us;
But never mind, you soon will find
What brings the gonococcus!

STUDENT.

Females, I've heard, at least inferred,
Enough to overstock us,
With pleasure bent and good intent
Will bring the gonococcus.

DOCTOR.

It's *gonus*, gone, and coccus, coq,*
Think not that you will block us;
A coq that's gone,† you have it on
The Greek of gonococcus!

STUDENT.

If that is so, I swear by Joe,
By art of hocus-poccus,
In roving round, that I have found
The microbe, gonococcus!

Cloutierville, La.

Spermatorrhea Treated by Atropia Sulph.

BY E. CARMICHAEL ROTHROCK, M. D.

That spermatorrhea exists is beyond a doubt, yet it is a disease not often met with and is frequently confounded with its imitator prostatorrhea. There are certain symptoms presented in every case and we are compelled to arrive at our diagnosis by exclusion. In this disease there is a continued presence of spermatozoa in the secretion; we do not mean that the secretion is pathognomonic,

* Coq, the male of the gallinaceous species.

† "Honi soit qui mal y pense."

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but the examination of the secretion at frequent intervals under the microscope determines the diagnosis in every case. Hence, spermatorrhea consists in the loss of semen at frequent intervals under all conditions, excluding nocturnal pollutions, secretions exuding from the urethra produced by erections or sexual excitement, and tenesmus accompanying defecation, etc. The lesion in this disease probably originates in the peripheral termination of those nerves distributed to the parts. A great many remedies are recommended to relieve the disease but the cause will have to be considered before treatment is successful. We have had good service from the following:

R. Ext. Damianæ..... 2 grains.
Phosphorus.....$\frac{1}{100}$ grain.
Ext. Nucis Vom ..... $\frac{1}{2}$ grain.

M. ft. pil. No. 1. Sig.: One to three pills, with food three times a day after meals.

Also, with the galvanic sound which frequently meets indications, relieving the reflex excitability in the chronic form; where paralysis ensues the faradic current would perhaps answer better. As to porte-caustique: urethral injections of zinc, lead, copper, nit. silver—we have no use, for such remedies, are of doubtful utility—are dangerous. The benefits, if any, not justifying the risk of producing urethral stricture and perhaps occlusion of the seminal orifices; therefore, such means should be discountenanced. In cases of excessive hyperæsthesia of the mucous membrane of the prostatic urethra, near the openings of the ejaculatory ducts, the use of the galvanic sound in such cases has been of benefit. But in the use of atropia we have had unvaried success where other remedies have failed, as bromide, lupulin, camphor, phosphorus, nux, etc. Bathing the sexual organs in cold water, cold hip baths, etc., the spermatorrhea improved but did not cease.

The first case. A young man aged twenty-three years, the disease existed for years (cause, masturbation). Injected each day for five days $\frac{1}{120}$ part of a grain of atropia sulph. in hypodermic syringeful of distilled water into the perineum; then every second day. Secretion ceased in fifteen days.

Second case. A middle aged man, thirty-five years of age, typhoid fever the exciting cause; gave tonics. Treatment the same as first case. Secretion ceased in ten days.

Third case. A young man, twenty years of age, treatment the same. Secretion ceased in eight days.

These three cases represent some eight cases treated with atropia, all terminating with like results. Some of the cases had existed for a year others for several months. The first case existed for some two years. The diagnosis in each case being confirmed by microscopical examinations which showed spermatozoids in the viscid discharge. In some cases other remedies will be called for, as in anæmia, tonics, as gentian, quinia, heloniasdioica, preparations of iron, attention to diet, hygiene, etc. Atropia sulph. has proved in my hands as specific in this disease as any remedy could be, controlling the discharge in every case. Its physiological action is to contract the coats of the blood-vessels, lessening the blood-supply to the generative organs, by acting on the vasomotor nerves and wiping out the irritability reflected to the parts.

Corsicana, Tex.

CORRECTION.—On page 390, October BRIEF, Dr. Reese's article, read four *drachms* instead of four *ounces* of veratrum.

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Dysentery—Bold Hives—Suppurative Inflammation of Internal Ear.

To Dr. A. H. Stewart would say, we have had to cope with a similar disease in this section. Our treatment, when called early, is calomel with podophyllin and leptandrin every four hours till the liver acts. Then, to control the bloody discharge, give five grains leptandrin, five grains subnitrate bismuth, with two grains subacetate lead, every three hours. With this and a little quinine and hydrastin, I have had but little trouble in controling the case. Use Bromidia instead of opium.

Dr. F. A. Evans gives a child with bold hives a teaspoonful pulv. alum every thirty to sixty minutes. Doctor, is not that a large dose?

E. F. Brodie, M. D., if you will use bicarb. sodium C. P., one ounce to a pint of water, as an injection, morning and noon, and at night use diluted Listerine, I think your patient will improve.

There is no use to say success to the BRIEF, because the BRIEF is a success. A. H. WILSON, M. D. Timpson, Tex.

A Plea for Investigation.

In the October issue of the *Journal of Reconstructives*, Samuel S. Wallian, A. M., M. D., publishes an article entitled "Exit Another Medical Bubble," referring to the Bergeon or gaseous enemata method of treating phthisis and other pulmonary diseases. The learned doctor says no reasoning physician ever expected it would prove aught else but a baseless delusion; but he forgets that scores of earnest, honest disciples of Æsculapius experimented with the gaseous bag, willing to try everything that had the least probability of alleviating the thousands of victims of the scourge—pulmonary consumption. There are now a number of absolute specifics recognized in the medical profession, and these could never have been secured except by experimenting, the very thing those who tried the Bergeon method did. This A. M., M. D. did not publish his article until very many regular physicians had experimented with the gaseous enemata, thereby proving for themselves and the rest of the world the exact value of the Bergeon method. After a thing has been proved to be good or bad, it is extremely easy to say "I told you so," but it requires a much greater amount of skill to prove the author to be possessed of any very great amount of wisdom.

In my opinion, a physician is justified in trying everything which he has the remotest idea will be of benefit to mankind in the healing of disease. But for experiments, where would have been the wonderful discoveries of Jenner, Pasteur, Koch, and hundreds of others? If we desire the science of medicine to continue to progress, bourbonism must be relegated to the rear. If there is, as many believe, a specific for every disease, the man must be a dangerously strong optimist to think the discovery of them must all be brought about by accident. A physician may be too progressive, and, worse still, he may be too conservative. CLINT L. LUCE, M. D. Albert Lea, Minn.

Pregnancy.

Will some of the many readers of the dear old BRIEF give some light on the subject so much discussed among some of the physicians here, i. e., the time that women become pregnant? There is one physician here, in particular, who claims that no woman will become pregnant unless she enjoys the man at time of intercourse. He also claims, without a doubt, that

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no female forced, or where rape has been practiced, ever becomes pregnant. If this be the true theory, what about the cases on record where women have been forced and became mothers? Hope you will give an early answer. E. E. PHILLIPS, M. D. Farmersville, Tex.

Poison from Datura Stramonium.

On October 13th, at one o'clock P.M., I was called in great haste to see a child, a girl, eighteen months old, who, the messenger stated, was in spasms. When I arrived, I found the child in a spasmodic condition, pupils much dilated, skin hot, dry, and with large red patches on the face; pulse accelerated, with marked cerebral disturbance.

On inquiry, I learned that about five hours previously the child had been seen eating some stramonium seeds, confirming diagnosis as per symptoms. I administered an emetic of ipecacuanha and tartar emetic, repeating at intervals until stomach was evacuated, and found that the poison had been absorbed into the system, and emetics would do no good, only to relax muscular contractions. I gave then morphine sufficient to quiet spasms, which were of a maniacal disposition. I then ordered the second dose of morphine, which gave her complete rest and sleep.

I went home, returning in six hours, and found patient again in violent spasms; unconscious; now and then screaming from imaginary sights. Ordered a dose of morphine, and to be repeated in half an hour, which gave her sleep again, and she remained asleep for five hours. Waked up looking wild; very nervous; pupils nearly normal; watery evacuations from the bowels every four or five hours. I then gave brom. potass. in large doses, with tonics. Recovery slowly ensued. Chauncey, Ill. H. P. SMITH, M. D.

Pneumonia.

If Dr. Johnston of Grain Valley, Mo., will give fluid extract of ergot throughout the febrile stage of pneumonia I am satisfied he will be well pleased with the result. Let him also remember that while aconite reduces temperature, it does so at the expense of the muscular tissue of the heart, favoring the production of heart clots. Cold applications together with small doses of aconite will reduce fever, and is a less dangerous plan of treatment than to depend upon aconite alone. Now, Doctor, if you will apply a blister "at the proper time" you will be sure to hasten resolution. I never give chloride of ammonia. After the first stage, if the pulse become very weak and rapid I give tinct. of digitalis together with carbonate of ammonia. I always give opiates, but I have just dismissed a case of pneumonitis that I could neither give an opiate nor quinine without producing convulsions. Patient was delirious for eleven days. Doctor, in pneumonia as in everything else we must treat our patients and let them treat the disease.
Walcott, Ark. J. D. SIBERT, M. D.

A Case Without Symptoms.

I have a son, seven years old, who appears to be in perfect health, digestion good, appetite normal, ruddy complexion, lively, active, and never complains of any pain, but yet he has a fever of about two hours' duration every fourth day, if not interrupted with medicine. I have been trying to prevent its return, but six months is my longest time yet acquired. He has no warning, but will run from play and take his bed at times when we think he is perfectly well, consequently this is a case without symptoms, and I beg any brother M. D., if he knows a remedy, to please give me

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the recipe through the BRIEF. I have used, from time to time, quinine, Fowler's Solution, serpentaria, cit. iron and quinia, sanguinaria, tinct. nux vom., iodide ferri, iodide potass., gelsemium, some bitter tonics, etc.

Fever contracted four years ago in a malarial region. Gave also calomel at first; have not given him a dose in two years; using podophyllin instead.

Please, Bro. M. Ds., give me a remedy for what quacks call a "growing fever." R. C. GRIER, M. D.
Bloomingvale, S. C.

Compound Medicines.

Sir Dyce Duckworth, M. D., of London, says: There is a great tendency now to employ concentrated preparations, and to use drugs singly. This results from laboratory rather than from bedside research. There is less polypharmacy now than formerly, but I am satisfied that there is also less good prescribing than in my student days. The art of combining drugs has been much lost, and I think the practice of physic is by so much the poorer.

I have no doubt that these opinions will prove shocking in some quarters, but I simply state what I believe to be true. It is, I think, certain that some drugs are more effectual in combination with others than when given by themselves.

Epilepsy.

In the May BRIEF, 1885, I reported three cases and asked the advice of the experienced doctors to help me out. I believe I have tried all the prescriptions and since my patients are not cured, again ask the assistance of any of the many subscribers to the MEDICAL BRIEF.

CASE 1. A boy, now about thirteen years of age, began to have spasms when three years old, which I attributed to worms and treated him accordingly. After a time the attacks changed and he began to froth at the mouth with the usual symptoms of epilepsy. He has been treated for two years with potass. brom., cannabis ind., ergot, belladonna, stramonium, chlor. hydrate, cypripedium, val. amm., etc., but nothing has benefited him yet. His tongue has slick clean spots varying from a wafer to one-half the surface of the tongue.

CASE 2. A girl, now about eight years, has a tongue similar to the first case, never has a spasm while awake, always comes on after she goes to sleep. Have tried different remedies for worms and pushed the potass. brom. until she would complain of weakness of her limbs. Have used tonics and the same treatment as in first case, without any benefit.

CASE 3. Aged nineteen, has had epilepsy for ten years, has passed two years without an attack and returned. She menstruates monthly, at times rather free, at others rather scanty. She is the very picture of health. She is becoming very despondent and her parents and the family exceedingly anxious about her condition.

I hope some of the profession can give me a remedy that will have the desired effect, either by letter or through the BRIEF.

R. C. BOGLE, M. D.
Midland, Tenn.

Treatment of a Stye.

M. Abadil recommends a three per cent solution of boracic acid. Some of this solution is to be dropped on the stye several times a day. It is said to effect a cure and prevent a return of the annoyance.

FOR elegance, durability and cheapness, our BRIEF Binder can't be beat.

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Business Chances.

PROPERTY, PRACTICES, ETC., FOR SALE.

Notices will be placed under this head on receipt of 30 cents a line each insertion. About seven words to the line.

FOR SALE.—I have two lots, a dwelling on one and a drug store on the other. My dwelling consists of three rooms, front and back verandas and a hall between, good out buildings. The best situation in the country for a drug store, with a large paying practice. Situated at Lone Elm, Arkansas, a small village of about 60 inhabitants, six miles from the Arkansas river, midway between two creeks, Mulberry and White Oak. Price $850. $500 down, balance on time. Come and see or address, J. T. CROCKER, M. D.,
Lone Elm, Franklin Co., Ark.

FOR SALE.—Physician's property, first-class repair, in railroad town. Satisfactory reason for selling. Excellent practice. *Easy* and deferred payments. Address,
DR. J. H. SAMUEL,
Poplar Plains, Fleming Co., Kentucky.

Send to Rumford Chemical Works, Providence, R. I., for sample, provided you mention the MEDICAL BRIEF, and are willing to pay express charges.

DR. C. L. MITCHELL of 1016 Cherry St., Philadelphia, has recently published a complete little pamphlet of 24 pages on "The Treatment of Gonorrhœa and its Sequelæ" by means of his medicated bougies. It contains many valuable hints for treatment and should be of interest to every physician. He will send it FREE to any physician mentioning the MEDICAL BRIEF. See ad. page 34.

I. PHILLIPS, Atlanta, Ga., claims the attention of the profession to his facilities for handling Surgical, Optical and Electrical goods. When in want of anything in his line write him for catalogue and information and mention the BRIEF. See his ad. on page 33.

MCARTHUR'S HYPOPHOSPHITES is made only for physicians. The size of the bottle has been increased from nine to nearly twelve ounces by measure. If you wish to test this valuable compound, they will send a sample bottle free, except express charges, if you mention the BRIEF. See ad. on page 34.

Special Notes.

Limited to fifty words.

In corresponding with advertisers please mention the MEDICAL BRIEF.

☞ **Bound Volume MEDICAL BRIEF, for 1881, 700 pages, $1.00. Sent postpaid on receipt of price.**

☞ SEND 50 cents for a BRIEF Binder. See ad. page 25.

DR. MCMUNN'S ELIXIR OF OPIUM, E. Ferrett, Agent, 372 Pearl St., New York. For ad. of this preparation see page 34.

DR. S. T. YOUNT, Lafayette, Ind., has some new instruments on ad. page 22 that deserve your close attention. You will do well to write the Doctor and secure them, as they are first-class goods. Mention the BRIEF.

SEND to the Western Leather Mfg. Co., 186 Madison St., Chicago, Ill., for illustrated price-list of physicians' specialties, and mention the BRIEF. See ad. page 7.

IF YOU want the benefits of sulphur baths at home, and without the inconvenience and expense of visiting Sulphur Springs, write to Middletown Chemical Co., Middletown, Conn., for information, sample, etc., and mention MEDICAL BRIEF.

SEND to E. Fougera & Co., 30 North William St., New York, for samples of Rigollot's Mustard Plaster, and mention MEDICAL BRIEF.

SEND to H. Weinhagen, 22 North William Street, New York, for one of his "No. 342 B" jet black back thermometers with indestructible registers and mention MEDICAL BRIEF. See ad. for prices on page 7.

SEND for samples of Fellows' Hypophosphites and mention MEDICAL BRIEF. See 4th page cover.

SEND $1.25 to John Barry, 62 Fulton St., New York, and he will send one of his reliable thermometers, post-paid. He has a new thermometer for talking the temperature under the tongue. The bulb being slightly curved and at right angles with the stem to avoid sliding from place, and to obtain the correct temperature when the mouth is open.

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ATTENTION is called to Flavell & Brother's new advertisement of an Abdominal Supporter with Uterine Cup appended. See ad. page 27. They have reduced the price for this Abdominal Supporter which is sold either with or without the cup. Send for illustrated catalogue of their goods and mention MEDICAL BRIEF.

ATTENTION is called to the advertisement on page 33 of the Wallian Oxygen Apparatus Mfg. Co., 10th Ave. and 22d Street, New York. Send to them for Dr. Wallian's papers on the subject of Oxygen Treatment and price lists, and mention the BRIEF.

THE latest invention in Saddle-Bags and Buggy-Cases is the Stephens patent. Read the description of these articles, on page 15, before making your purchases. Sent by express to any part of the United States on receipt of price, subject to return at their expense if not satisfactory. Mention the BRIEF.

APPLY to Dr. Sander, Dillon, Iowa, for reports, supplied gratis, of the Medical Clinics of the Universities at Bonn and Greifswald on the eminent medicinal properties of "Sander & Sons' Eucalypti Extract (Eucalyptol)". (See advertisement next to 3d page cover.)

H. PLANTEN & SON, 224 William St., N. Y., will send SAMPLES of their capsules to physicians if BRIEF is mentioned. See ad. page 39.

WOOLRICH & Co., proprietors of Ridge's Food, will be pleased to send samples of their food for trial, free of charge, if the MEDICAL BRIEF is mentioned. Read their ad. on page 7 of this issue for full particulars.

Send to Dr. W. R. Hayden, Bedford Springs, Mass., for pamphlet with valuable formulæ, and mention MEDICAL BRIEF.

IT WILL PAY YOU to read page 17, on which the well-known house of Wm. R. Warner & Co., have a few selected formulæ which they submit to the profession. When the full therapeutic effect is desired they are worthy a trial. In writing them please mention the MEDICAL BRIEF.

FARWELL & RHINES, of Watertown, N. Y., will send six pounds of Gluten Flour, free, to physicians who will pay express charges and mention MEDICAL BRIEF.

WONDERFUL how a man without legs of flesh and blood can enjoy skating, or a prize-match walker without such make record time, or an athlete without arms of flesh enjoy muscular sports. To know the secret send to A. A. Marks, 701 Broadway, New York, for his book on artificial limbs, and mention MEDICAL BRIEF.

WRITE to Scott & Bowne, 132 S. Fifth Ave., N. Y., for samples of their goods and mention BRIEF. See ad. page 4.

MORSE'S HYPOPHOSPHITES as advertised on page 2 of this issue claims your attention. If you mention the BRIEF they will send you a book on treatment of Phthisis, and if you pay the express charges they will send you a large sample bottle of their Hypophosphites. Read their ad.

BAKER'S Common Sense Syringes are suggestive of many uses to the physician. For injecting and ejecting fluids, or blowing powders; for cleansing and medicating the internal uterus, deep wounds, fistulas, cysts, the throat, the ear, the nose, the bladder, the urethra, &c. Send $2.00, the price for both, and mention MEDICAL BRIEF. PROF. W. BAKER, 42 St. Mark's Avenue, Brooklyn, N. Y.

TYREE'S PULV. HYPOPHOS. COMP. has been employed with much success in the various forms of dyspeptic maladies arising from imperfect nutrition, and will be found to contain the virtue of Hypophosphites in a much higher degree than any of the liquid preparations. J. S. TYREE.

See ad. on page 25 and mention the BRIEF when you write.

CAULOCOREA is said to be an elegant preparation and an important therapeutic agent in the treatment of the diseases of the female reproductive organs. It is put up in pound bottles for physicians' prescriptions only. For Hand-Book, etc., send to Dr. J. W. Lowell & Co., F. V., Portland, Maine, and mention the MEDICAL BRIEF.

SEND to J. G. MILNE & Co., 59 Dey St., New York, for a free sample pound-bottle of "Milne's Hypophosphites," if you are willing to pay express charges, and mention the MEDICAL BRIEF.

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NESTLE'S FOOD have a new ad. on page 29 that they desire you should read and retain in your memory, as it may prove very useful in your practice. When you send for a sample, say you saw the ad. in the BRIEF.

THE house of JOHN WYETH & BROTHER never follow, they always lead, and the fact of this will be readily seen by reading their new ad. on page 13 of this issue. When you write them, please mention the BRIEF.

SEND TO WM. F. KIDDER & Co., 83 John St., New York, for a bottle of Kidder's Wine of the Purified Hypophosphite of Lime and Soda. Sent free of cost, if you will pay the express charges and mention MEDICAL BRIEF. See ad. on page 40.

PROFESSOR ALFRED L. LOOMIS has been using an Immisch Thermometer for some time and fully endorses it as the most reliable for testing surface temperature and most convenient for Clinical use. See ad. on page 4 and when you write mention the BRIEF.

A LIST of McKesson & Robbins' pills (about 400 kinds), with a list of granules of rare alkaloids, valuable notes, etc., may be found in their vest-pocket formulæ book, which will be mailed free, on application, by mentioning MEDICAL BRIEF. See ad. page 2 of cover.

A SAMPLE box of hollow suppositories, made of *cocoa butter*, for aural, nasal, rectal, urethral, cystic, vaginal, or intra-uterine administration of medicines, will be mailed free by Hall & Ruckel, of 218 Greenwich Street, New York, if MEDICAL BRIEF is mentioned.

CASWELL, MASSEY & Co., 1121 Broadway, N. Y., will be pleased to have you read their new ad. on page 2 and when you write them please say you saw their ad. in the BRIEF.

PALATABLE PRESCRIBING—A tasteless syrup of Quinine is made by the Paris Medicine Co. See ad. on page 27.

WE have examined many makes of pills but on examining Upjohn's (see ad. page 4) we find there is still something new, with a newness that is decidedly refreshing. We predict that the name Upjohn will soon be a familiar one to the profession.

PHYSICIANS having tumors under treatment may be interested in Dr. Willard H. Morse's article on the subject in May issue. Send to Dr. Carl L. Jensen, 2039 Green Street, Philadelphia, for sample of his Pepsin to use for the injections referred to by Dr. Morse, and mention MEDICAL BRIEF.

W. H. SCHIEFFELIN & Co., of New York, have just published a Treatise on the therapeutic properties of Salol, in which is incorporated the notes of F. E. Georgi, M. D., Physician to the City Hospital Goerlitz (Silesia). This Treatise will be mailed on application if the MEDICAL BRIEF is mentioned.

HAVE you seen the new and novel Ankle Support as shown on page 37? It is fully endorsed by physicians, who find it a better bandage than any that has yet been devised. When you order please say you saw their ad. in the BRIEF.

YOU CAN'T OVERLOOK the new advertisement of Reed & Carnrick on page 26. See the valuable and tried preparations they offer to the profession. The high standing this house has attained is a sufficient guarantee of the excellence of their goods. Send for samples and mention the BRIEF.

TO THOSE who desire a first class set of Rectal Instruments including a complete Rectal Treatise we say read page 10. If you will send 20 cents to prepay postage they will send you their large illustrated catalogue. This house makes a special discount to physicians. When you write them say you saw their ad. in the BRIEF.

THE advantages of the Lady's Syringe over others are that when you inject the fluid to the parts you hold the syringe in place thus getting the full therapeutic action of the medicine, and then by allowing the bulb to expand before withdrawing you save the danger of spilling and relieve the parts of all foreign matter.

ON ad. page 32, for this month, will be found Bernd's Physician's Pocket Register. This book is complete, simple, comprehensive. A labor-saving method of keeping accounts that will commend itself to every physician. For a description, read the ad. and when you write them mention the BRIEF. Now is the time to send in your order.

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THE Abdominal Supporter of Dr. Linquist, as advertised on page 35, deserves the attention of every physician because of its great merit. The demand is constantly increasing therefore we advise you to send in your order soon. When you write for a supporter mention the BRIEF.

OLEO-CHYLE is said to contain no substance capable of fermentation, and to be perfectly palatable, and miscible in milk or water. The Geo. W. Laird Co., of 39 Barclay St., New York, will send a sample bottle free to any physician mentioning the MEDICAL BRIEF and agreeing to pay express charges. See ad. page 35.

YOUR attention is called to a complete list of the Maltine preparations on ad. 8. Maltine and its compounds have been before the profession a number of years. If success is any criterion of merit (and it is) then Maltine is entitled to the physician's highest confidence. It may now be obtained of druggists all over the civilized world.

At this season, the physician caring for patients possessed of wasting diseases, and anæmic cases where weak stomachs are to be taken into account, is reminded that Maltine makes a remarkably pleasant vehicle for cod liver oil, rendering it quite palatable and its digestion easier. The Maltine M'f'g Co., of 182 Fulton St., New York, will send any practitioner a sufficient quantity of either of the Maltine Compounds selected, free of charge, provided he mentions the MEDICAL BRIEF and agrees to pay express charges.

COMPRESSED air atomizers, oxygen apparatus, inhalers etc., are to be had of Chas. Beseler, 218 Center Street, New York. With increased facilities and the latest improved machinery he is prepared to meet every demand—whether for plain or the most elaborate apparatus. For illustrations of his workmanship see ad. page 35. His illustrated catalogue with price list sent free if MEDICAL BRIEF is mentioned.

IT is to be regretted that many mothers do not commence the use of Mellin's Food until their infants are sick. It must be borne in mind that this Food is not a medicine, and is not intended primarily for sick babies, but is an excellent artificial food for healthy as well as for sick infants. (See page 11.)

DR. P. W. LATHAM, Downing Professor of Medicine at Cambridge, (England), lecturing on the treatment of gout and rheumatism at the Royal College of Physicians, says:

"The true Salicylic Acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialysed and purified. Give the acid without any alkali or base," etc.

A reprint of this exceedingly valuable paper will be sent on application to The Wm. S. Merrell Chemical Co., Cincinnati. Mention MEDICAL BRIEF.

CEREBRAL CONGESTION.—It gives me great pleasure to say that I have tried PEACOCK'S BROMIDES, and find that it is everything that is claimed for it. It is especially serviceable in cerebral congestions and restlessness, so common in malarial fevers. I heartily endorse and recommend it to my fellow-practitioners.
Florence, Ala. J. G. FRIERSON, M. D.

DETROIT, MICH., Sept. 16, 1886.
Provident Chemical Works, St. Louis, Mo.

GENTLEMEN—Your Crystalline Phosphate was received and administered to a patient, whose condition I assumed indicated Phos. The patient did not die, but recovered. I leave you to draw inference.
Yours truly, J. E. CLARK, M. D.

THE Galvano Faradic M'f'g Co., 300 Fourth ave., N. Y., offer a Physician's Visiting Battery with a valuable book on the Application of Electricity for $10.00. See ad. on page 30. Mention the BRIEF when you order.

IN prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the firm of R. A. Robinson & Co., Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on page 9, of this issue.

ATTENTION is called to the Hastings Truss Co.'s interesting and instructive advertisement of Improved Uterine Supporters, on page 22. Write them for particulars, and mention MEDICAL BRIEF.

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W. L. GUILD, M. D., Wayne, Ill., says:—I used Celerina in impotency, and find it a very efficient remedy, and far superior to nux vomica, phosphorus or any of those remedies recommended for impotency.

MALTED MILK has a new "ad" on front cover which merits careful attention. Although a new article of diet it is meeting with great success on account of its peculiar combination of fresh, pure milk from grass fed cows, with the soluble extract of selected wheat and barley malt. It is certainly a great advance in the science of dietetics and will be of great service to physicians who have had such great difficulty, not only with a pure milk supply but also with the great care necessary to be exercised in the preparation of many of the different foods in the market.

IMPORTANT TO PHYSICIANS AND DRUGGISTS.—A rare chance to get Pure Old Kentucky Whiskey is offered on ad. page 22, October BRIEF. If you wish any of this stock, which is from four to ten years old, you would do well to send for some before is exhausted. It is well suited for medicinal purposes as it is a pure article. Mention the BRIEF when you send your order.

Improved Elastic Truss Co.:

DEAR SIRS.—After having used your Trusses, Knee Caps and Stockings in very bad cases, and where others have proved useless, I have found yours all that could be desired in neatness of finish, durability and greatest ease to the patient.

Yours respectfully,

Sing Sing, N. Y. P. COLLARD, M. D.

THE Chas. H. Phillips Chem. Co., 30 Platt St., New York, will send an illustrated circular in regard to their Palatable Cod Liver (Emulsion), if MEDICAL BRIEF is mentioned. See ad. on front cover page.

THE enterprising house of Fairchild Bros. & Foster have that success that always follows fair dealing. Their Peptogenic Milk Powder, as advertised on front cover, and Tablets for Gastric and Intestinal Indigestion as advertised on page 15 have a wide and largely increasing sale. Send for pamphlets of these preparations, they will be sent free if the BRIEF is mentioned.

THE Eureka feeding bottle with patent rubber nipple is the invention of C. B. Dickinson, 660 Atlantic Avenue, Brooklyn. It requires no tubing. He manufactures a variety of rubber appliances useful in a physican's practice; syringes, nipple shield, urinals, etc., etc. Send a two-cent stamp for price list, and mention MEDICAL BRIEF.

DIPHTHERIA.—If you wish interesting reading on this subject read Dr. A. F. Green's letter on the use of Papoid in its treatment. See ad. of Johnson & Johnson on page 31. When you write for their pamphlet or in ordering mention the BRIEF.

AGNINE, the pure oil of sheep's wool, is a valuable remedy for Burns, Wounds, Sprains, and all *skin diseases*. LIQUOR PANCREATICUS is an active solution of the digestive ferments of the fresh pancreas. See ad. of T. Metcalf & Co., on page 28, and mention the BRIEF when you write.

INFIRMARY HOUSE, WEXFORD, ENG.

An old dyspeptic patient of mine called just as your *Lactopeptine* reached me, and I gave him four ten-grain doses. This morning he called again, and begged me to give him some more, *as he never received such relief from any other medicine.*

H. H. BOXWELL,
M. D., F. R. S. C. I., L. M., etc.

SPECIAL ATTENTION is directed to the new advertisement of the Seabury Pharmacal Laboratories (Seabury & Johnson), New York, in this issue setting forth the claims of Hydronaphthol. Physicians will please remember that while Hydronaphthol bears a striking resemblance to Betanaphthol in physical appearance it is entirely different in chemical composition and therapeutic effect, and therefore it is all important that Betanaphthol be not substituted when Hydronaphthol is ordered or prescribed.

A VALUABLE PAPER.—We advise all who wish to read the valuable paper read before the Ninth International Medical Congress, by Dr. A L. A. Tobold, to see ad. page 24. You can not well afford to overlook this valuable contribution as it is very instructive.

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I HAVE used Battle & Co.'s BROMIDIA with success in several cases, and have found it to be an excellent hypnotic—efficacious and safe.

I am much pleased with its effects. It appears to give all the satisfaction claimed for it as a hypnotic.

A. C. SWAYNE, M.D., M.R.C.S., L.R.C.S., etc.
Carrick-on-Shannon, Ireland.

HOARSENESS.—Physicians are rarely disappointed in the use of LISTERINE for singers and public speakers. The following is of the highest value:

R. Nitric Acid, (C. P.).....4 drops.
Listerine.....1 ounce.
Water.....3 ounces.

M. Sig.: Use frequently by spray or gargle.

ALLOW me to congratulate you upon the successful combination of Tongaline. In a case of Neuralgia which had resisted the treatment of two other physicians besides myself, and which was not relieved by a remedy which for some time had been a standby of mine, viz.: "P. D. & Co.'s Fuid Extract of Tonga," I gave Tongaline, and in a short time it was entirely cured.
Richland, Fla. J. M. ABBOTT, M. D.

"I HAVE used with flattering results, 'Colden's Liquid Beef Tonic,' as a food in a variety of cases—notably in cases of Gastric Irritability, and such acute inflammatory conditions of the gastric mucous membrane." S. H. FRAZER, M. D.
St. Louis.

PROF. LOISETTE'S MEMORY DISCOVERY.—Prof. Loisette's new system of memory training, taught by correspondence at 237 Fifth Ave., New York, seems to supply a general want. He has had two classes at Yale of 200 each, 250 at Meriden, 300 at Norwich, 100 Columbia Law Students, 400 at Wellesley College, and 400 at University of Penn., etc. Such patronage and the endorsement of such men as Mark Twain, Dr. Buckley, Prof. Wm. R. Harper, of Yale, etc., place the claim of Prof. Loisette upon the highest ground.

☞SEND to Dr. T. B. Wheeler, Montreal, Canada, for samples of "*Tissue Phosphates*" and mention MEDICAL BRIEF.

IMPORTANT.—Read about our new ready-binder. Needs no instructions how to use it. See ad., page 25.

Book Notices.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Being a Complete and Convenient Work of Reference for Information Upon Topics belonging to the entire range of Scientific and Practical Medicine, and Consisting of a Series of Concise Essays, and Brief Paragraphs, arranged in the Alphabetical Order of the Topics of which they treat. Prepared by writers who are Experts in their Respective Departments. Edited by Albert H. Buck, M. D., New York City. Vol. V. MIL to POT. Illustrated by Chromolithographs and fine wood engravings. New York: Wm. Wood & Co., 56 and 58 Lafayette Place.

The plan of this work has been carried out with singular fidelity all through the preceding volumes, and this, the fifth volume, is fully on a par with the others. We regret that we have not the space to give an outline of the contents or a list of the learned contributors to this volume. We commend it with confidence to all who would be well informed in reference to the entire range of scientific and practical medicine, embracing the latest information in regard to new remedies and the modern mode of treatment.

THE HIGHWAYS AND BYWAYS TO HEALTH. In two volumes. By Chas. A. Hoff, M. D., formerly Physician to the Southern Ohio Hospital for the Insane; Author of Treatises on "The Use of Sedatives," "General Paralysis," "Dipsomania," "Epileptic Mania," Etc., Etc. St. Louis and Philadelphia: Planet Publishing House.

This most thorough and comprehensive medical work has had an unusually favorable reception at the hands of students and practitioners, as well as the general public. The vast amount of matter contained within its two volumes, the numerous fine illustrations, and the air of vivacity and animation pervading the work throughout, together with certain novel features, here introduced for the first time by the author, have all tended to render its publication an *event* in medical literature.

We find in the first volume not only *all* diseases, medical, surgical and dermatological, handled with incomparable and systematic precision, but the most painstaking care has also been directed to the subjects of Anatomy, Physiology and Hygiene, Materia Medica, Poisons and Antidotes, Accidents and Emergencies, Disinfection and Disinfectants, Dieting and

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Nursing, a Medical Dictionary, a Complete Dose Table, etc., etc.

In the second volume, it should be noted, the author departs from the public roads, the "Highways," and takes his readers into the "Byways," or the more secluded and secret paths of medicine. By this division of his work, he is permitted to treat a delicate class of subjects with a free and open hand.

Untrammeled by the restrictions usually thrown around a work intended for promiscuous reading, the writer is enabled to go beyond the usual latitudes, and take up a class of subjects rarely found in the common run of popular medical books. In "Byways," therefore, may be found, among other subjects, a full description of the generative organs, the laws of procreation, Chapters on Love, Courtship and Marriage, Choosing a Partner, The Wedding, The Honeymoon, Conception, Pregnancy, Growth of a New Life, Confinement, Childbirth, Rearing of Children, Infantile Complaints, Diseases Peculiar to Each Sex, Venereal Diseases, etc., etc. The whole work, in fact, containing more than a thousand pages, not only includes every essential topic in medicine, but many of the more important subjects are treated with a regard to detail quite remarkable, considering the vast variety of matter. The language is terse, clear, simple, and elevated in tone, with nothing of the dry descriptive reading so often found on the pages of medical books. We have not been able to find a dull page in either volume, and feel fully warranted, therefore, in predicting that the Highways and Byways to Health will be a rich treat to its readers.

A Manual of the Physical Diagnosis of Thoracic Diseases, by E. Darwin Hudson, Jr., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, $1.50. New York: William Wood & Company.

Owing to the death of the author just as the manuscript was placed in the printer's hands, the task of placing this valuable work before the profession fell to the lot of Dr. Laurence Johnson, of New York. The work is devoid of unnecessary verbiage and over-elaboration, presenting only the essential facts in a manner best calculated to fix the reader's attention.

Differential Diagnosis: A Manual of the Comparative Semeiology of the more Important Diseases. By F. de Havilland Hall, M. D., Assistant Physician to the Westminster Hospital, London. Third American Edition, Thoroughly Revised and Greatly Enlarged. Edited by Frank Woodbury, M. D., Professor of Therapeutics and Materia Medica and of Clinical Medicine in the Medico-Chirurgical College, Etc. Philadelphia: D. G. Brinton, Publisher. Price, $2.00.

A complete and thorough work on diagnosis is especially valuable to the practitioner, and this work, although written by an English physician, will be found to give preference to American over European authorities, regarding the many peculiar symptoms accompanying disease in this country owing to differences in climatic and sociological surroundings. We are much pleased with the contents and general arrangement of the work, and know that those who secure a copy will be well pleased with the investment.

Lessons in Gynecology. By William Goodell, A. M., M. D., Professor of Clinical Gynecology in the University of Pennsylvania, Etc. Third Edition. Thoroughly Revised and Greatly Enlarged. With 112 Illustrations. Philadelphia: D. G. Brinton.

The author's vast practical experience and his standing as a gynecologist forbids that anything he may write on this subject would not be of the most incalculable value to his professional brothers. This work will be particularly beneficial to those who have not had the advantage of the clinical and didactic lectures as delivered at such a sterling institution as the Medical Department of the University of Pennsylvania The second edition, although a very large one, was soon exhausted and it has been out of print for some time, owing to the large practice of the author, and we know this edition will be hailed with delight. One large octavo volume of 578 pages. Price $5.00 in cloth, $6.00 in sheep.

The Physician's Visiting List. Thirty-Seventh Year, 1851–1888. With many improvements. Philadelphia: P. Blakiston, Son & Co. For sale in St. Louis by the Medical Brief.

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DISEASES OF THE FEMALE MAMMARY GLANDS, by Th. Billroth, M. D., of Vienna, and NEW GROWTHS OF THE UTERUS. By A. Gusserow, M. D., of Berlin. Illustrated. These two works constitute Vol. IX. of the "*Cyclopedia of Obstetrics and Gynecology*," issued monthly during 1887. New York: William Wood & Company.

OPERATIONS ON THE UTERUS, VULVA, PERINEUM, VAGINA, ETC., AND PROLAPSE OPERATIONS. By Dr. A. Hegar and Dr. R. Kaltenbach. In two volumes. With 248 wood engravings. Edited by Egbert H. Grandin, M. D. This is Vol. VII. of the "Cyclopedia of Obstetrics and Gynecology," issued monthly during 1887. New York: William Wood & Co.

AUSCULTATION, PERCUSSION AND URINALYSIS. An Epitome of the Physical Signs of the Heart, Lung, Liver, Kidney and Spleen in Health and Disease. Edited by C. Henri Leonard, A. M., M. D., Prof. of the Medical and Surgical Diseases of Women, and Clinical Gynecology, Michigan College of Medicine, Detroit. Fully illustrated. Detroit: The Ill. Med. Journal Co.

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MIX—Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses.

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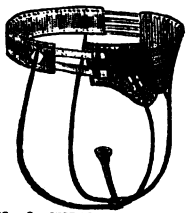

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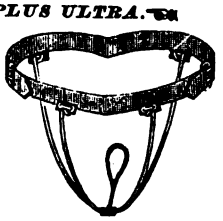

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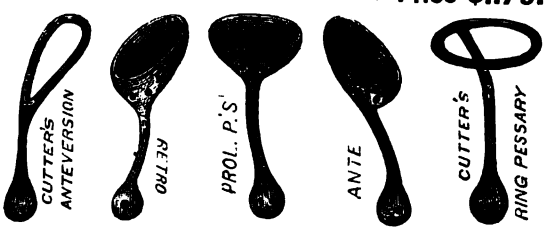

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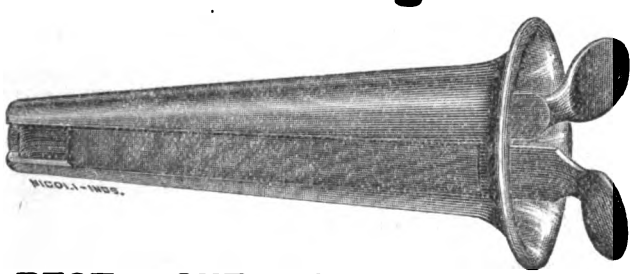

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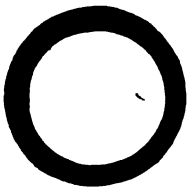

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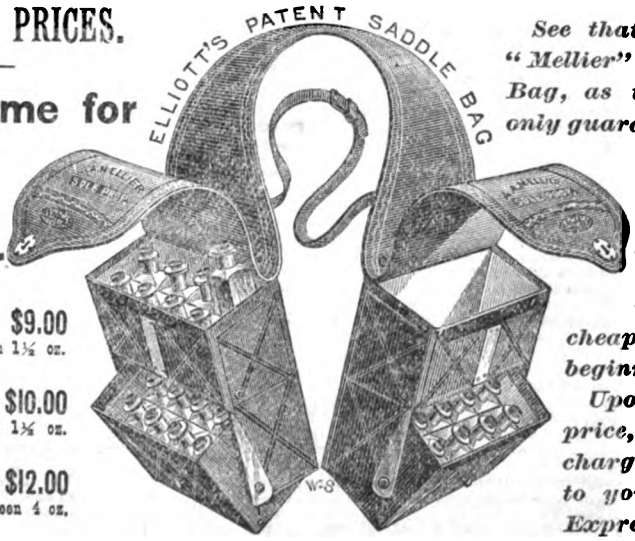

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—ON—

CARLSBAD WATER AND SPRUDEL SALT.

The famous fountain of health at Carlsbad, in Bohemia, which has been the refuge of invalids for five centuries, is certainly well worthy of a careful study. Although the subject is so old that it may be doubted whether there be anything new to say about it, nevertheless my experience with this remedial agent has been such that I may truly say that no remedy which I have ever employed has given me so much pleasure and profit as this particular one. Selecting a number of chronic hypochondriacs whose afflictions had baffled all my previous efforts as my subjects, I was truly astonished to note that, although no rigid diet was prescribed, and only a limited amount of exercise was indulged in, I obtained most remarkable results—the complexion even after a week's use began to clear up, the step became more firm and elastic, and, what was more, the entire host of hypochondrical complaints seemed to vanish like mist. These surprising results bade me pause and I then set about investigating the subject more closely—arguing that it certainly could not be the water alone that produced these effects. The diet and exercise having been left entirely out of consideration in several of the cases, I proceeded to use the Crystallized Sprudel Salz, which, being obtained by evaporating the waters, I thought must surely be the remedial agent. But alas! when I came to use this, by dissolving it in ordinary water or in carbonic acid water, I invariably failed to get so prompt an action, and in the majority of cases utterly failed to get that peculiar therapeutic effect which I had obtained from the important mineral waters themselves. There was something at fault with either my argument or the Sprudel Salz. On looking up the subject I found that at Carlsbad the salt was only recommended and used as an addition to the mineral waters to act as a purgative when the waters failed in that respect. The analysis of the salt I found did not tally with that of the mineral waters, so for a time at least I fell back on the use of imported Carlsbad waters until my attention was called to experiments made by Dr. Jaworski, of Krakaw, with "Sprudel Salz Powder." I then determined to give this a trial. The chemical analysis of the Powder Sprudel Salz certainly more nearly corresponds to that of the mineral waters, and upon trial I found not alone that I could obtain the same effect with the Sprudel Salz Powder but that in some cases it even acted better than the mineral waters themselves, it being possible to dissolve a proper dose in one glassful of water, so avoiding the distension caused in some patients by drinking four or even six glasses of mineral waters. The first case upon which I tried it was so unique that I was literally dumbfounded at the result A woman who five years before had weighed but seventy-five pounds had in that time increased in weight to 190 pounds —a gain of 115 pounds. She came to me for treatment, laboring under all the symptoms that would naturally be expected from such an enormous increase in weight. I put her at first upon the Crystallized Sprudel Salz, only to be disappointed; when, after several weeks, I used the Sprudel Salz Powder I was really startled to note the effect. In eight days—*i. e.*, from Wednesday to the next Thursday—she lost sixteen pounds, an average of two pounds per day, and was in consequence losing all the symptoms she had so much complained of. The woman had in the meantime been indulging in her customary diet, even to drinking several glasses of beer daily, and being a market woman she had been debarred from taking any extra exercise. This, then, verified my theory that if there was any therapeutic action in Carlsbad mineral waters it ought to have the same effect without the usual adjuncts of a Carlsbad cure, namely, diet and exercise. In the very next case, a mild one of diabetes mellitus, the sugar disappeared entirely after its use, the patient only abstaining from fresh fruits, and that because it caused too great a looseness of his passages. How the Sprudel Salz Powder acts in diabetes mellitus I am unable to say and must content myself with stating facts only. I will not tire you with a recital of any more cases; I have arranged these in a tabular form attached to this paper. Sufficient, I think, has already been said to warrant calling your attention to a remedial agent that in one form at least has been known and used by the profession for the last four centuries.

As to the mode of administration: The dose of the imported mineral waters may be set down as 2-4 glasses of about 6 ounces each, drank slowly in the morning an hour before breakfast, another glass during the morning or afternoon, and one or two before retiring at night. The dose of the Sprudel Salz Powder is about one-half teaspoonful disolved in a glassful of water or carbonic acid water, taken three times a day, either one hour before or two hours after meals. That of the Crystallized Sprudel Salz is from one to two teaspoonfuls dissolved in a glassful of water as a purgative.

It is generally recommended to continue the treatment for at least three or four weeks.

The water has a very pleasant taste, and is best taken cold, only when a less purgative action is desired, or in case of diarrhea, it should be taken warm.

As to diet, experiments of Dr. E. Hlawacek and others, as well as my own, prove that any diet otherwise not contra-indicated by the disease may be indulged in during the continuance of the treatment.

The effect of exercise, although not found essential, is a factor which I think ought not to be lost sight of, especially where the disease is caused by sedentary habits.

As to the difference between the Crystallized and Sprudel Salz Powder, I would say that both are obtained by evaporating the Carlsbad mineral waters; but the powder is, while still moist, exposed to the carbonic acid so abundantly given off by the springs, and in consequence differs from the crystallized in containing more carbonates and less sulphates. In fact it contains all of the soluble constituents of the waters, and hence more nearly represents the Carlsbad mineral waters themselves.

In addition to this the Crystallized Sprudel Salz, being hygroscopic, frequently causes inconvenience on this account. The Sprudel Salz Powder, on the contrary, occurs in a fine granular powder, and is proof against all atmospheric changes.

In conclusion, I would say that the Carlsbad mineral waters as exported by the city of Carlsbad, being the natural product, is, of course, much to be preferred where the quantity of water is no objection, particularly in diseases of the stomach. Where, from any cause, two or three glasses of water (6 ounces each) can not be taken, then the Sprudel Salz Powder answers the purpose equally well. The Sprudel Salz in crystals may be used in every case where a purgative action only is desired

Furthermore, I would say that the Carlsbad mineral waters and Sprudel Salz do not differ in the least from any other remedial agent of well-known properties. That their effect is uniform and to be relied upon, independently of any adjuncts of treatment, such as diet, exercise, or water.

(Following this the doctor gives a table of 30 cases treated, of which 4 were hypochondriacs, 4 cases of chronic constipation, 2 with enlargement of the liver and constipation, 3 with jaundice, 1 adiposis, 1 diabetes, 2 with catarrhal inflammation of the stomach, 1 dropsy from valvular heart disease, 1 gout, 1 dilatation of the stomach, 1 ulcer of the stomach, 2 children with marasmus, 1 enlarged spleen, 1 dyspepsia, 1 chronic pelvic cellutitis, rheumatism of the joints, gravel, etc.; of which 26 were entirely cured, 3 much improved, and 1 not treated long enough. Average time of treatment from 4 to 6 weeks.)

In none of the above cases was there any particular diet prescribed. The patients were allowed to choose for themselves and to eat whatever their appetites craved.

Only in one case (No. 7) a hypochondriac took riding lessons for one week, and then abandoned them entirely, until two weeks after the treatment, when, as he expressed it, he had more heart to go about among people and enjoy himself. The other cases took very little, if any, exercise outside of that required by their respective callings.

Many imitations of the genuine imported CARLSBAD WATER and SPRUDEL SALZ being sold here, we state that the genuine has the signature of the representatives for the United States, "Eisner & Mendelson Co., 6 Barclay street, New York," on the neck of every bottle of the water, and on every cartoon of salt. The imitations consist of little else than Glauber Salt. Dr. Tobold's paper and table of cases mailed to any address upon application to the agents of the Carlsbad Spring, Eisner & Mendelson Co., 6 Barclay street, by mentioning THE MEDICAL BRIEF.

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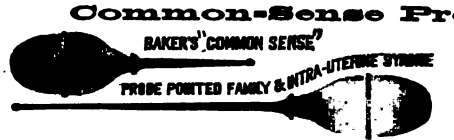

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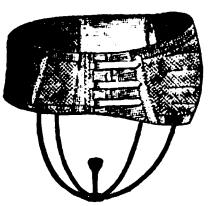

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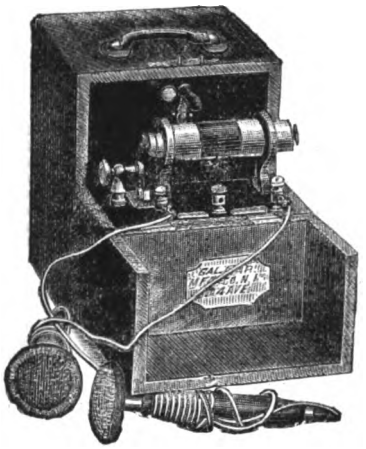

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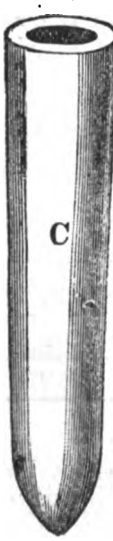

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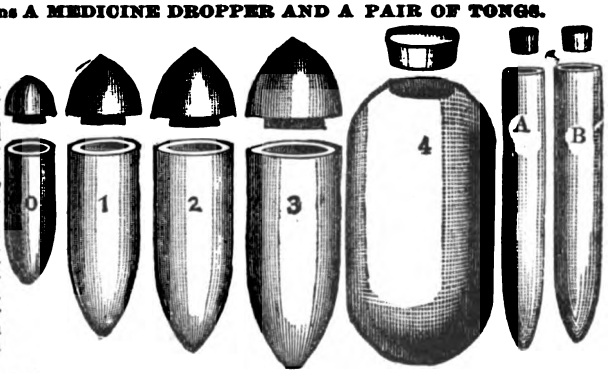

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IN DIPHTHERIA.

Dr. A. JACOBI, New York, before the Medical Society of New York, February 2d, 1886: "Diphtheritic membranes are dissolved in a few hours—in a few cases after a day only. Temperatures of 104 and 105 degrees would sink to the normal standard after the removal of the membranes."

Prof. CRONER, (im Vereine für innere Medicin in Berlin) reports successful treatment of a boy eight years old with Papoid. A five per cent solution brushed upon the parts every hour caused the entire disappearance of the membranes in about seven hours and the reduction of the temperature to normal. Recovery was rapid.

FLATOW, at the same meeting, mentioned a similar case treated with equal results, using a five per cent solution.

Drs. FRAENTZEL and **LEYDEN,** at the same meeting, related similar successful cases.

Prof. OERTEL, in Respiratory Therapeutics (Ziemssen Handbuch der Allgemeinen Therapie, p. 1751)—"A large piece of diphtheritic membrane expectorated by a child suffering from diphtheria of the trachea was dissolved in a five per cent solution of Papoid in one hour's time."

KOHTS and **ASCHE** (Zeitschrift für Klinische Medicin, Vp. 558) "Diphtheritic membrane in the throat and nose as far as they can be reached are completely dissolved by a five per cent solution."

Dr. A. F. GREEN, Cleveland, Ohio: On the morning of Aug. 16th, I was called to treat Willie Taylor, son of W. D. Taylor, of the firm of Geo. Worthington & Co., who was suffering with malignant diphtheria. A large surface on the right side of his throat was covered with diphtheritic fungus. I applied Papoid to the child's throat about every 40 minutes for 18 hours, when the membrane was entirely removed. Thinking then, from the favorable symptoms, that the disease was abating, I applied the remedy at intervals of about three hours. About 36 hours after the fungus on the right side had been dissolved, it appeared in large patches on the left. I again treate l the throat at short intervals, and met with the same success as before mentioned.

After the sixth day the child made rapid and unimpeded progress to recovery.

Yours, A. F. GREEN, M. D.

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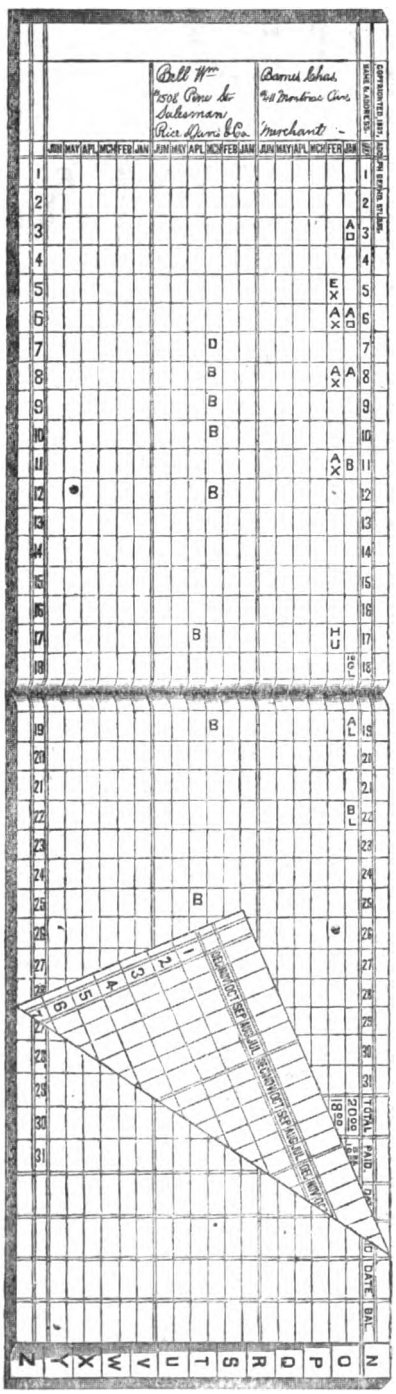

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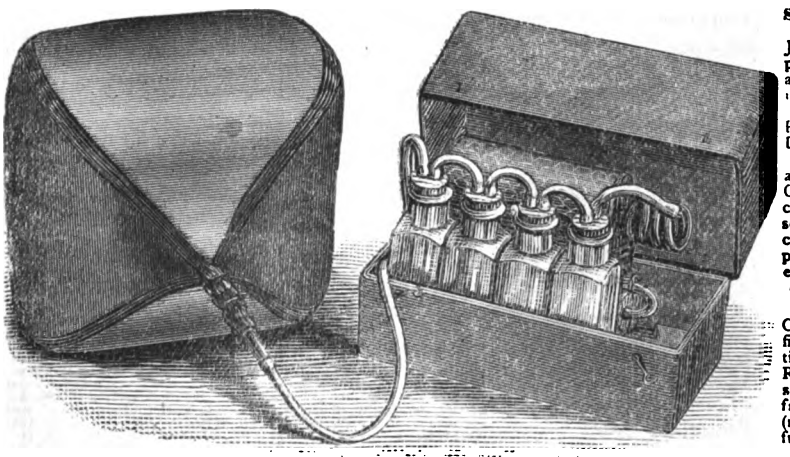

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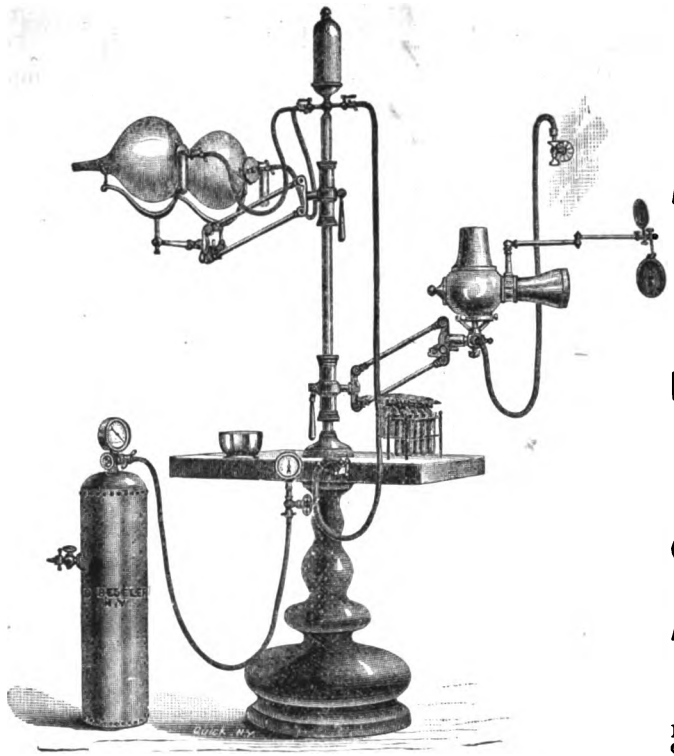

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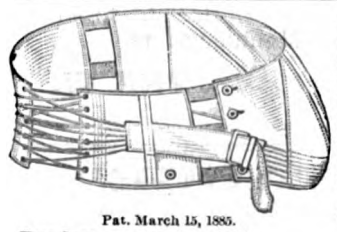

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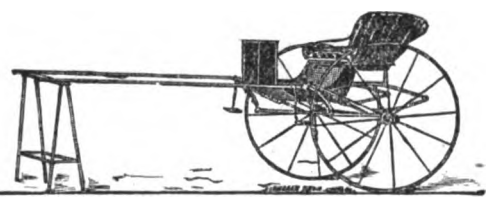

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